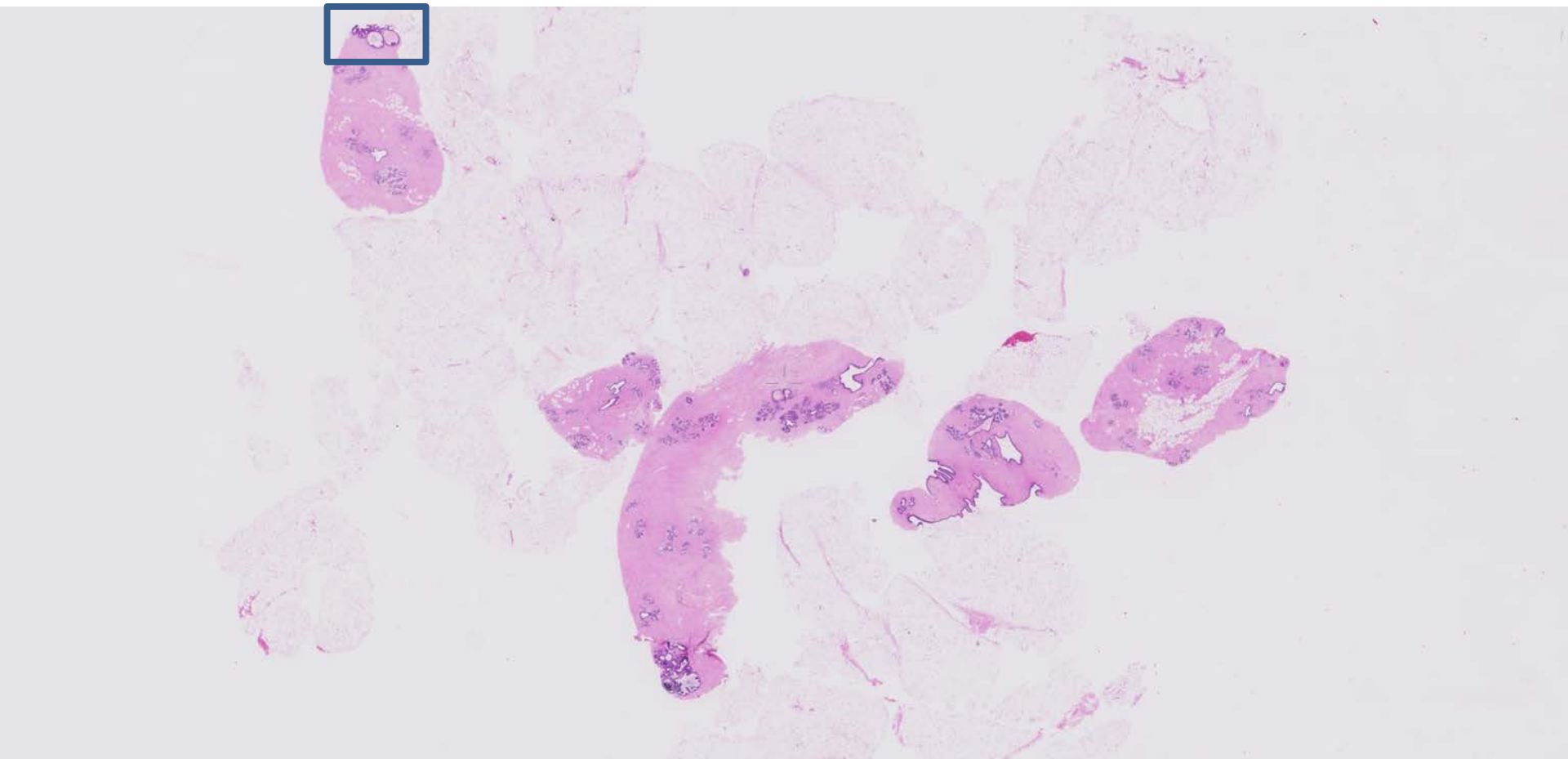
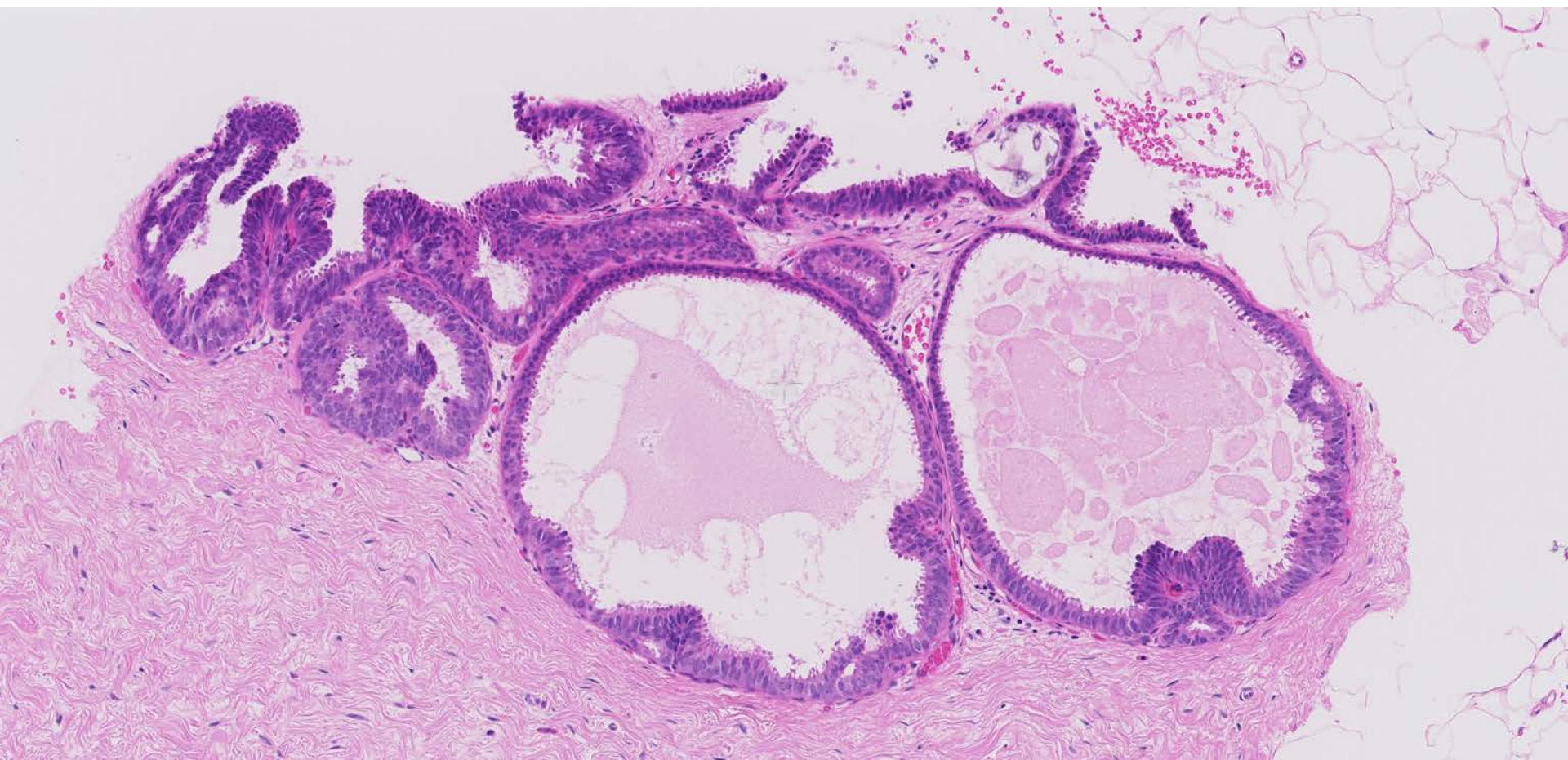


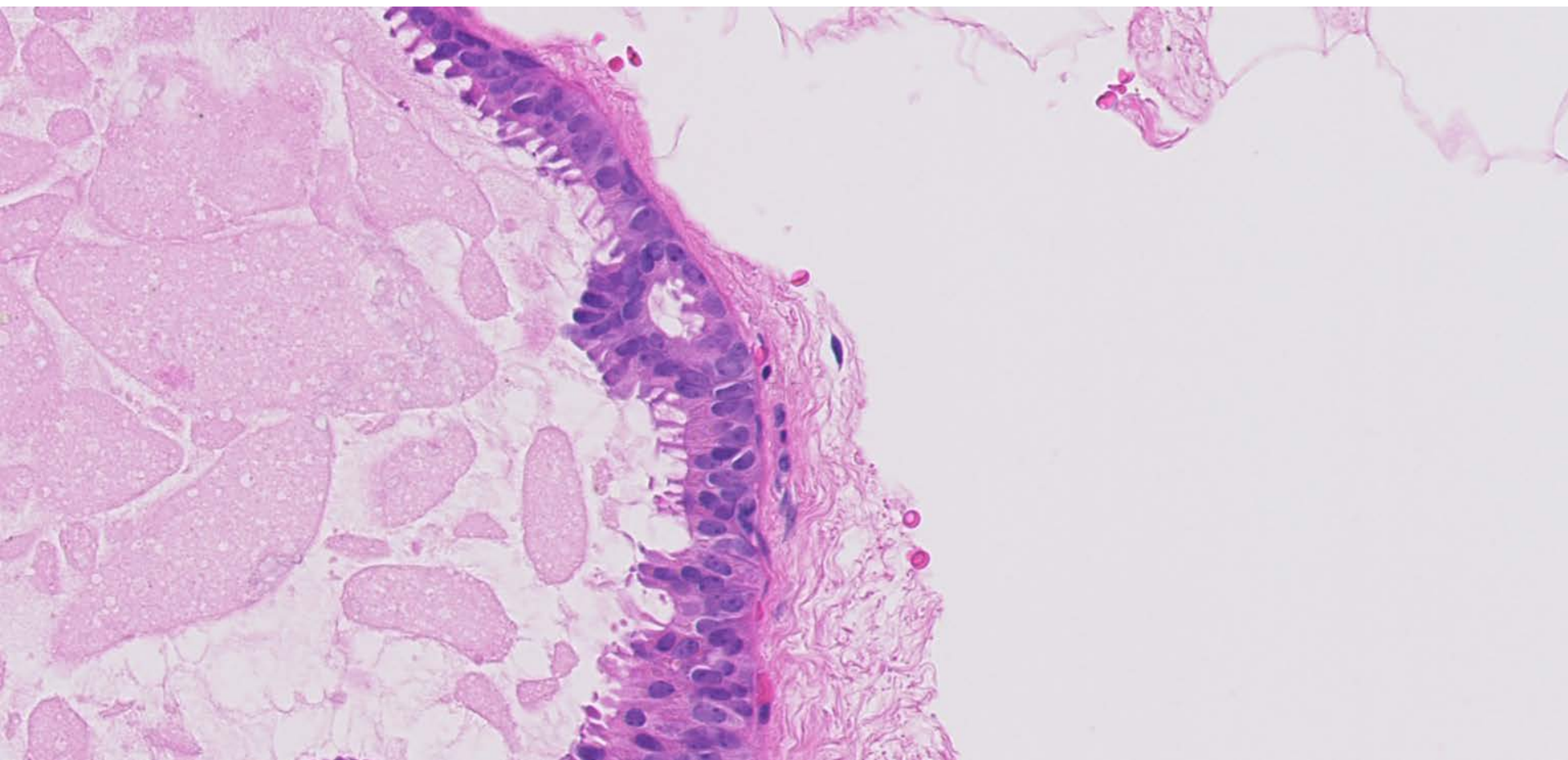
Casus 1

Een atypische intraductale proliferatie,
differentiaal diagnostisch ADH of DCIS graad
1 (afhankelijk van de grootte).

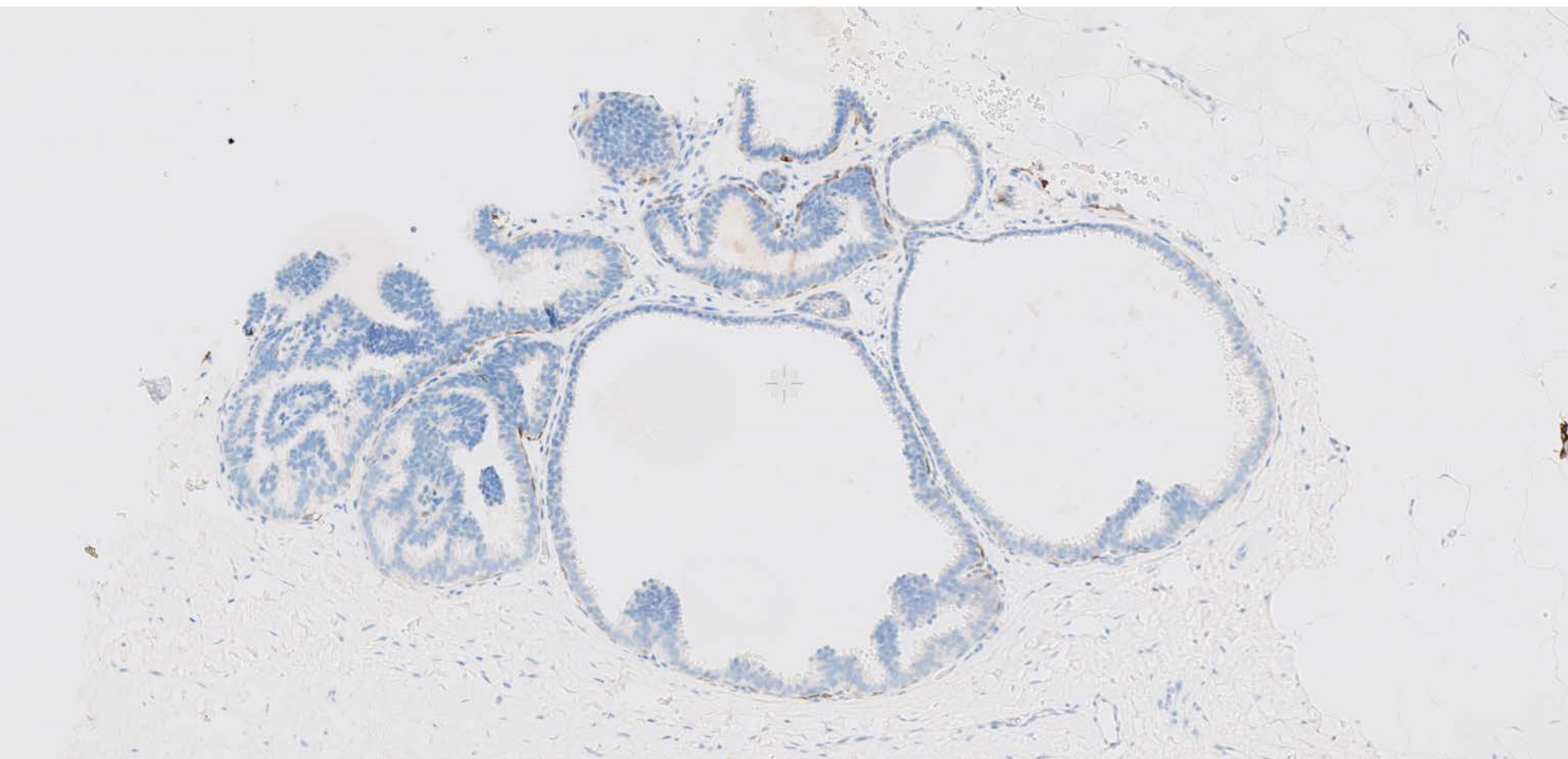
Daarnaast focaal benigne hyperplasie (UDH)



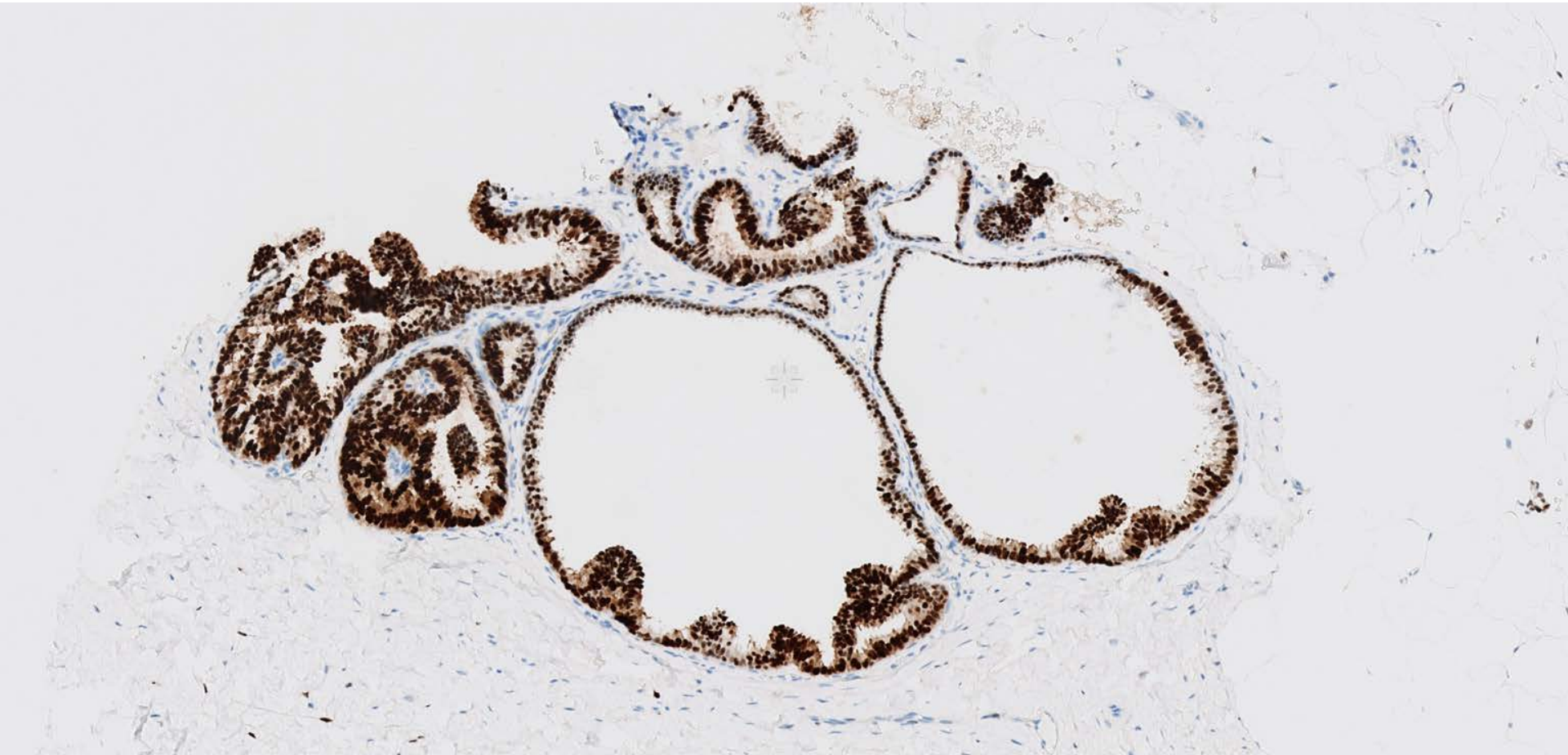


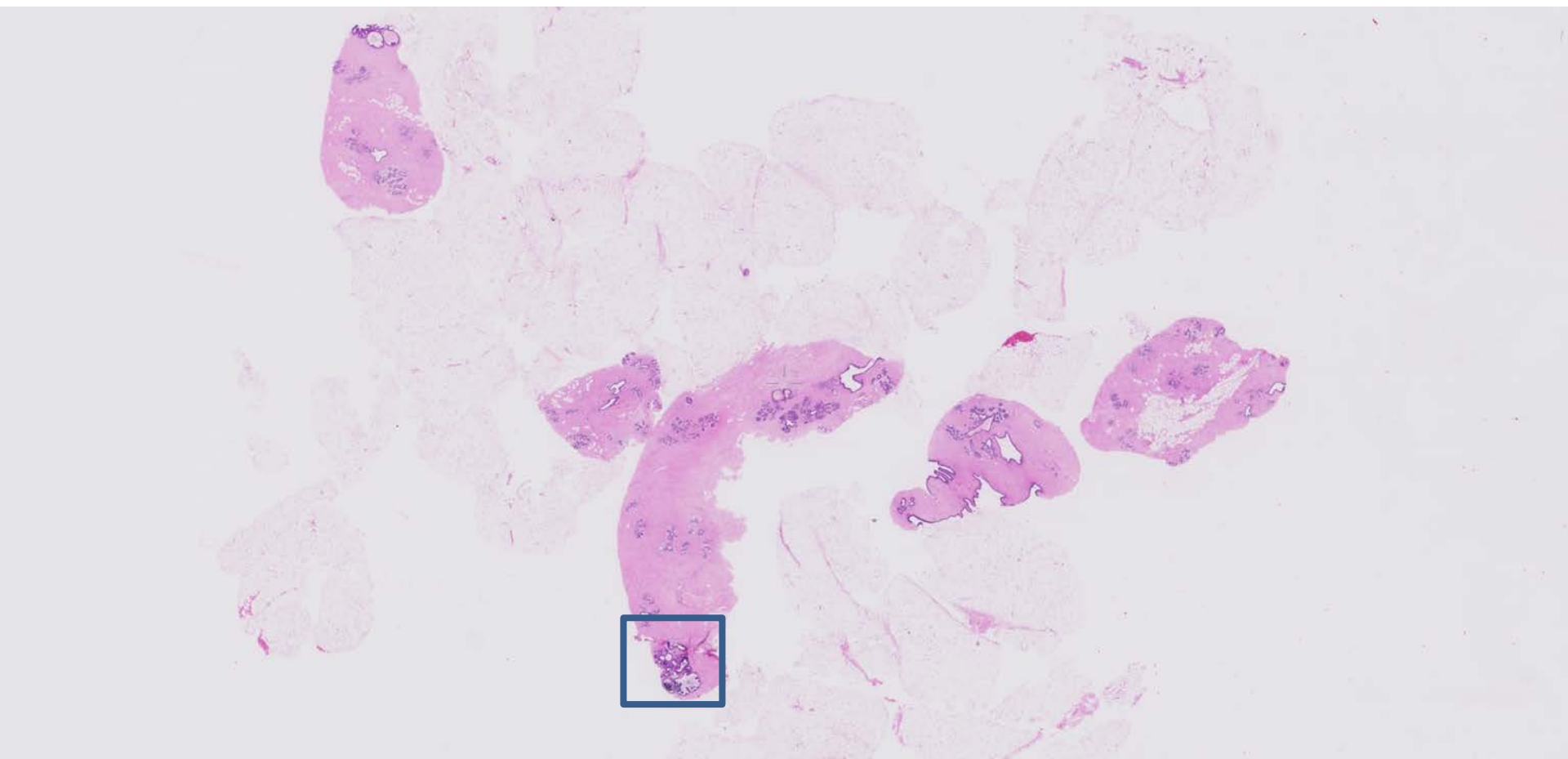


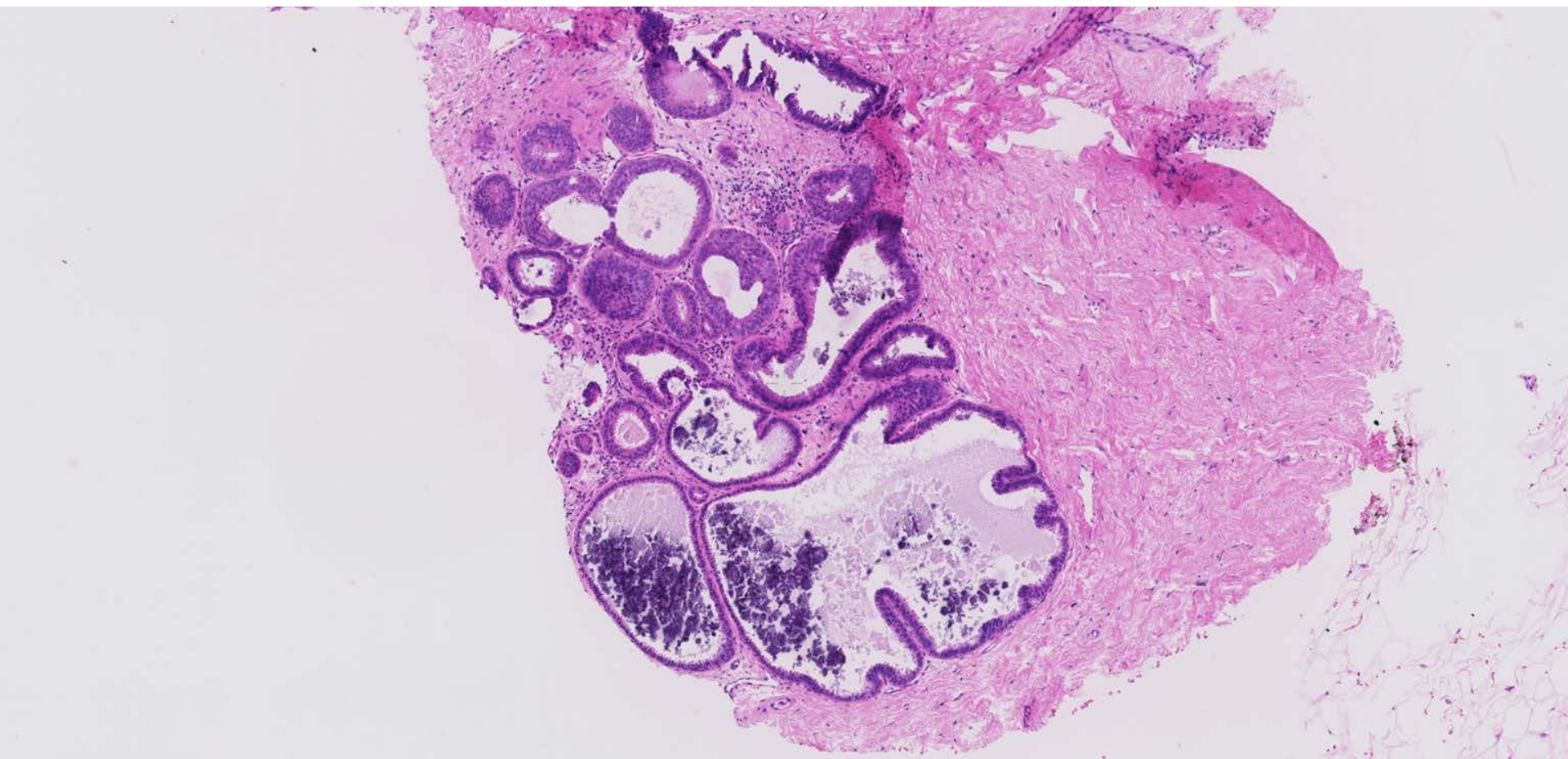
CK5



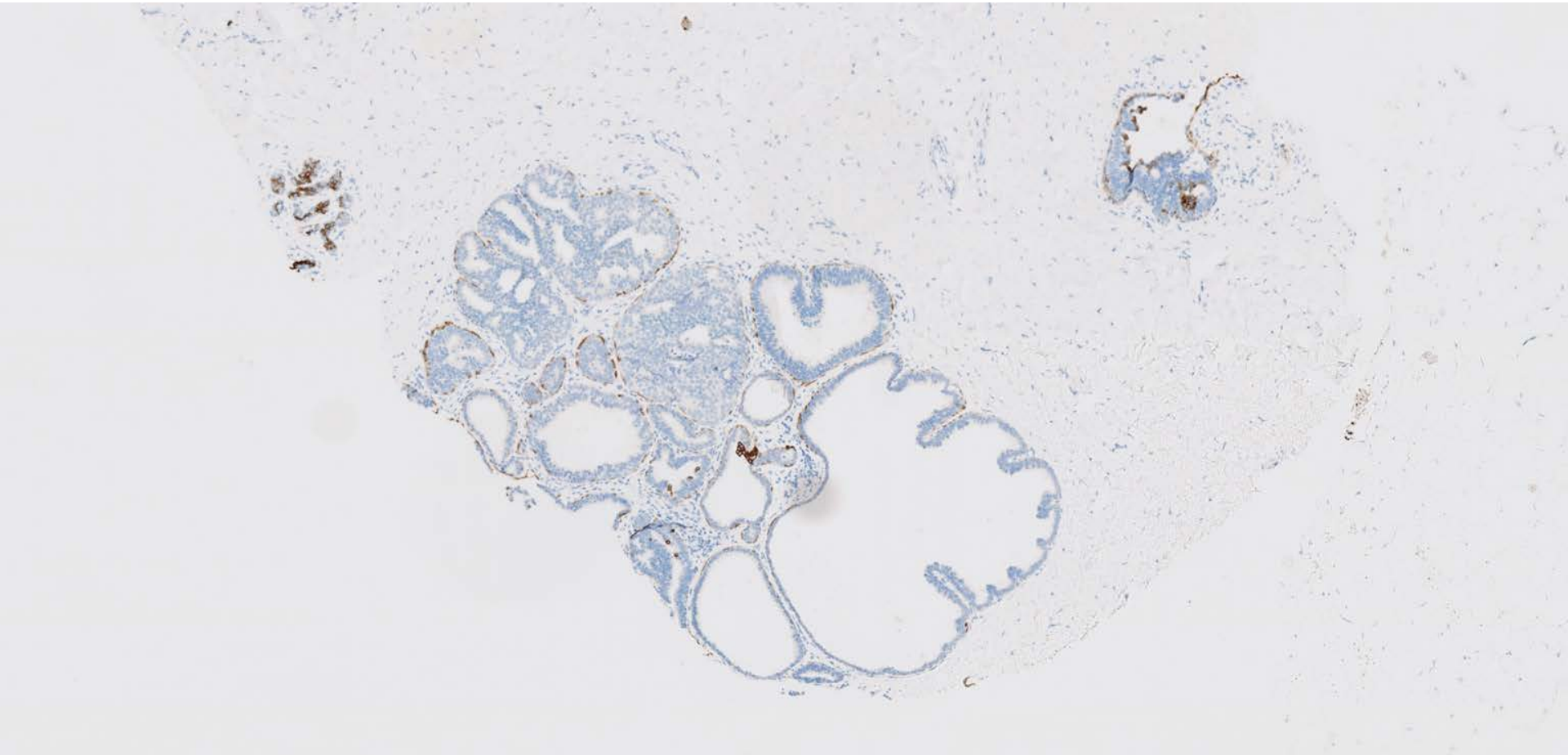
ER



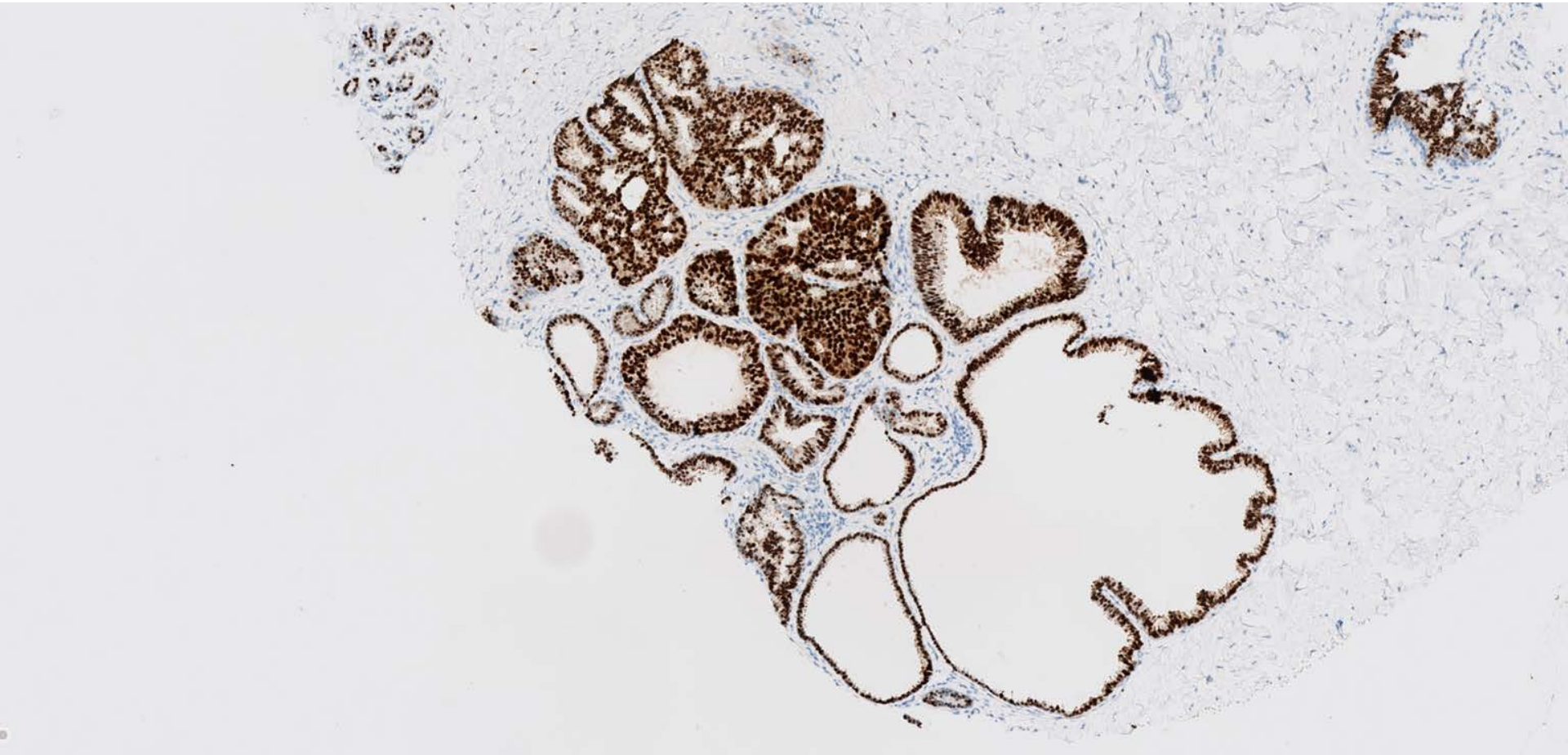


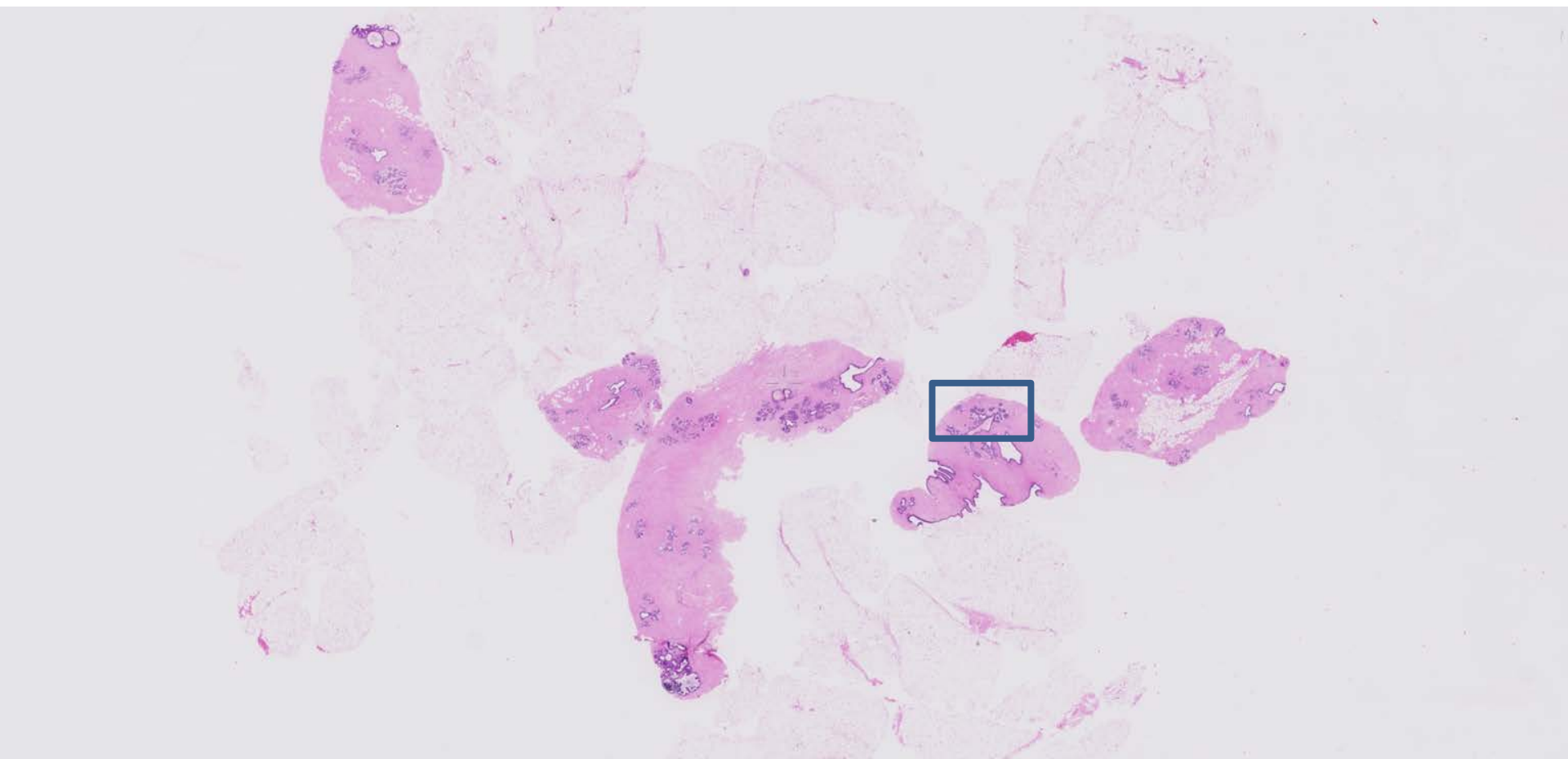


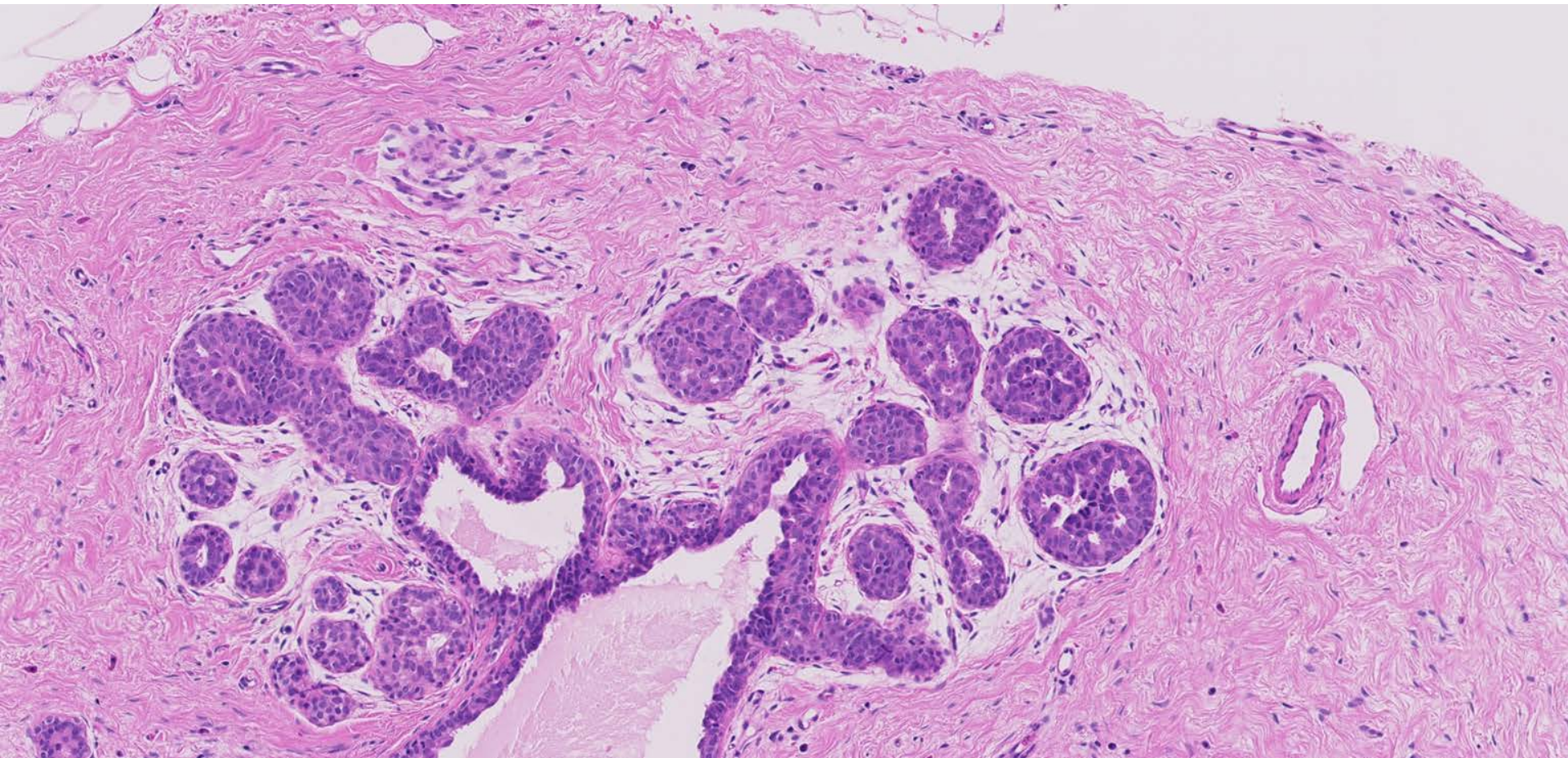
CK5



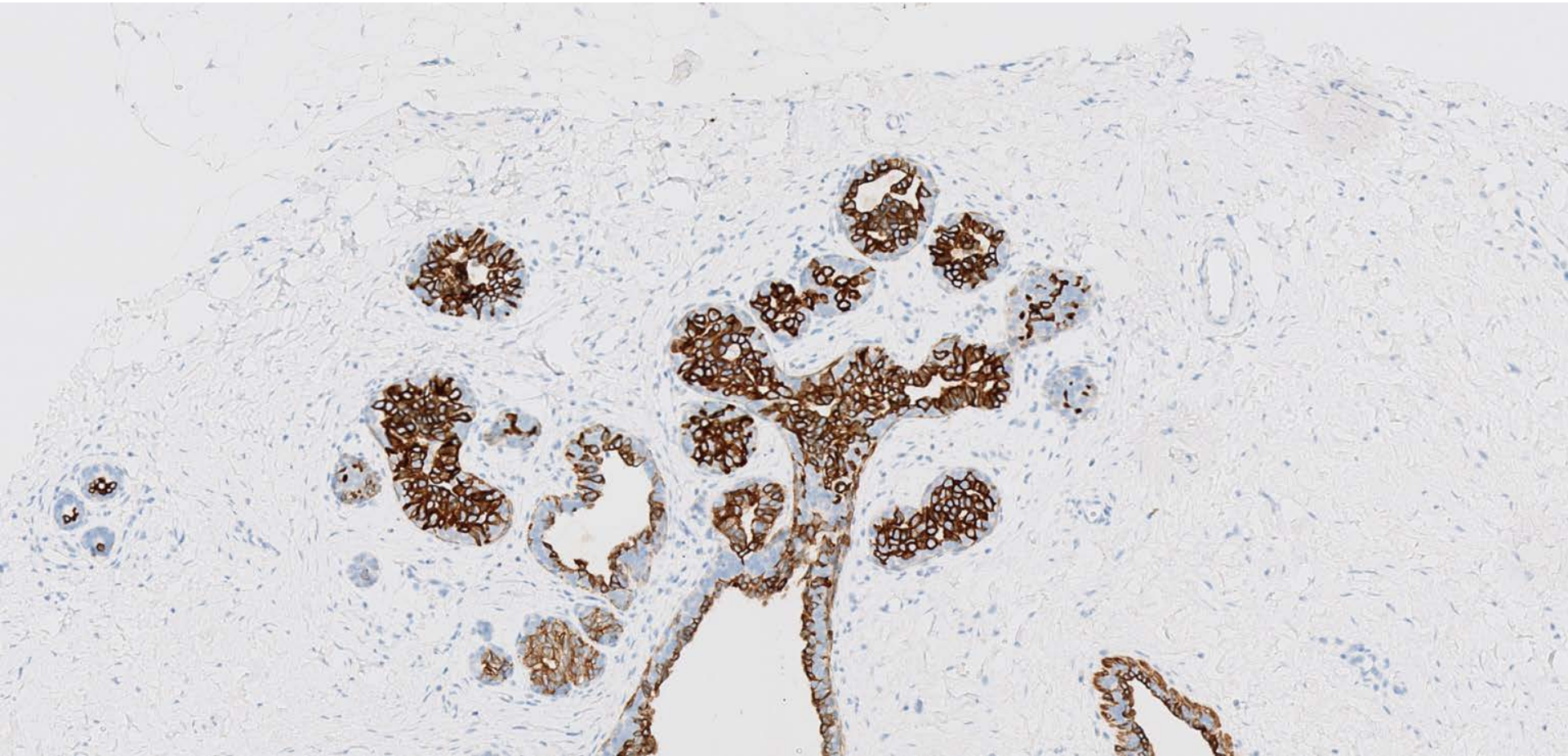
ER



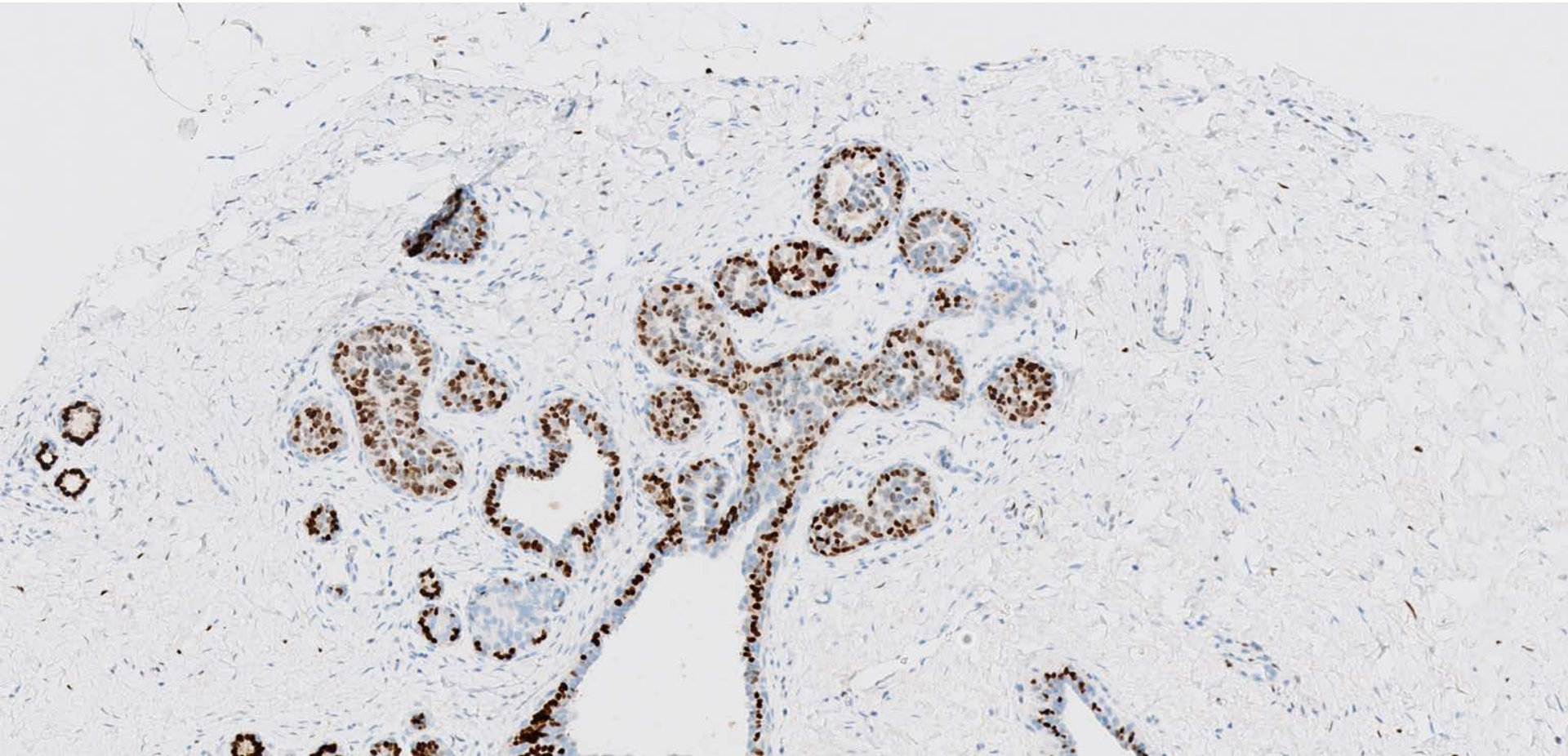




CK5

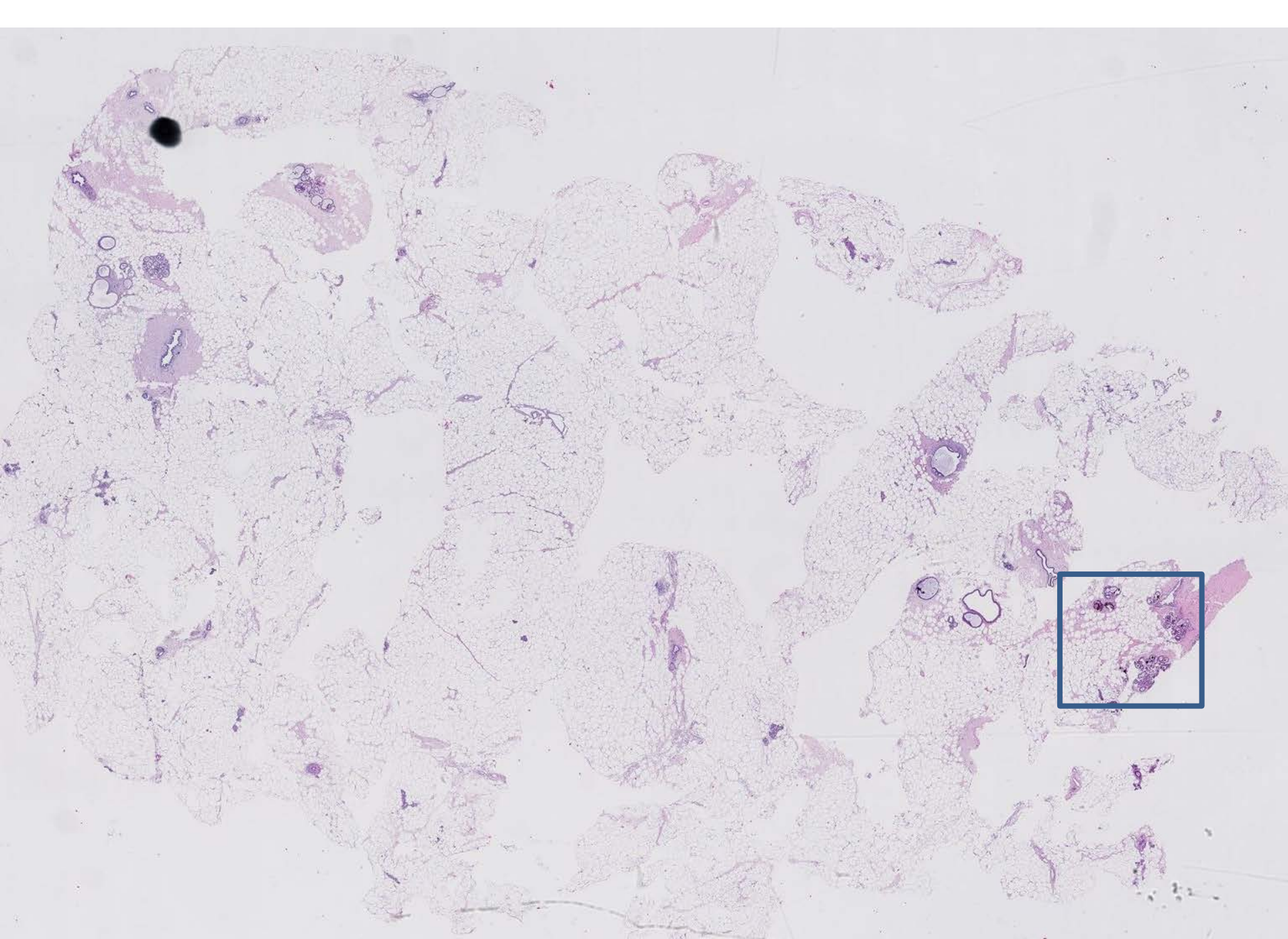


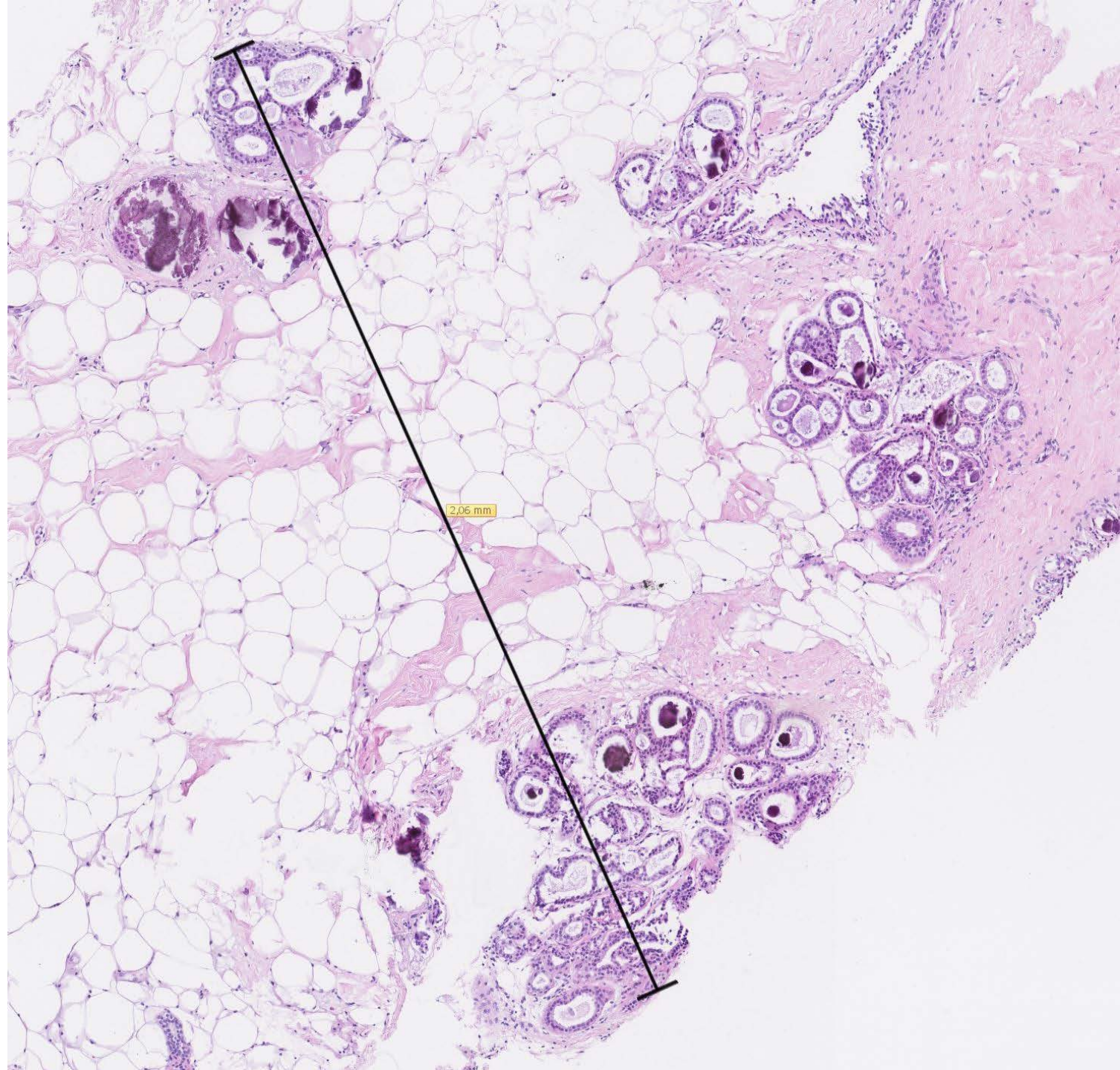
ER



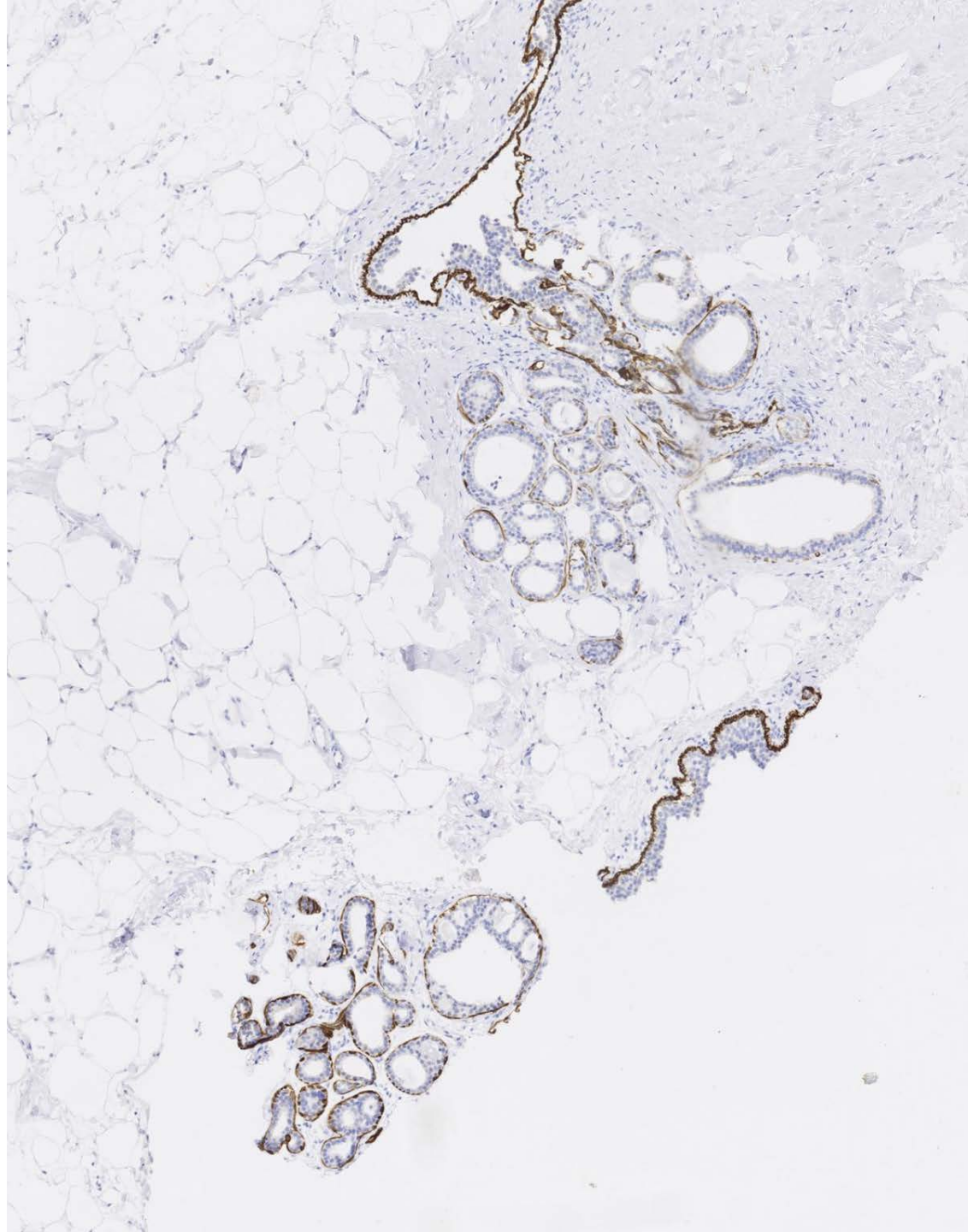
Casus 1a

Atypische intraductale proliferatie, gezien de diameter van net meer dan 2 mm voorkeur voor een DCIS graad 1. Tevens aanwezigheid van een cilindercellaesie met atypie (FEA)

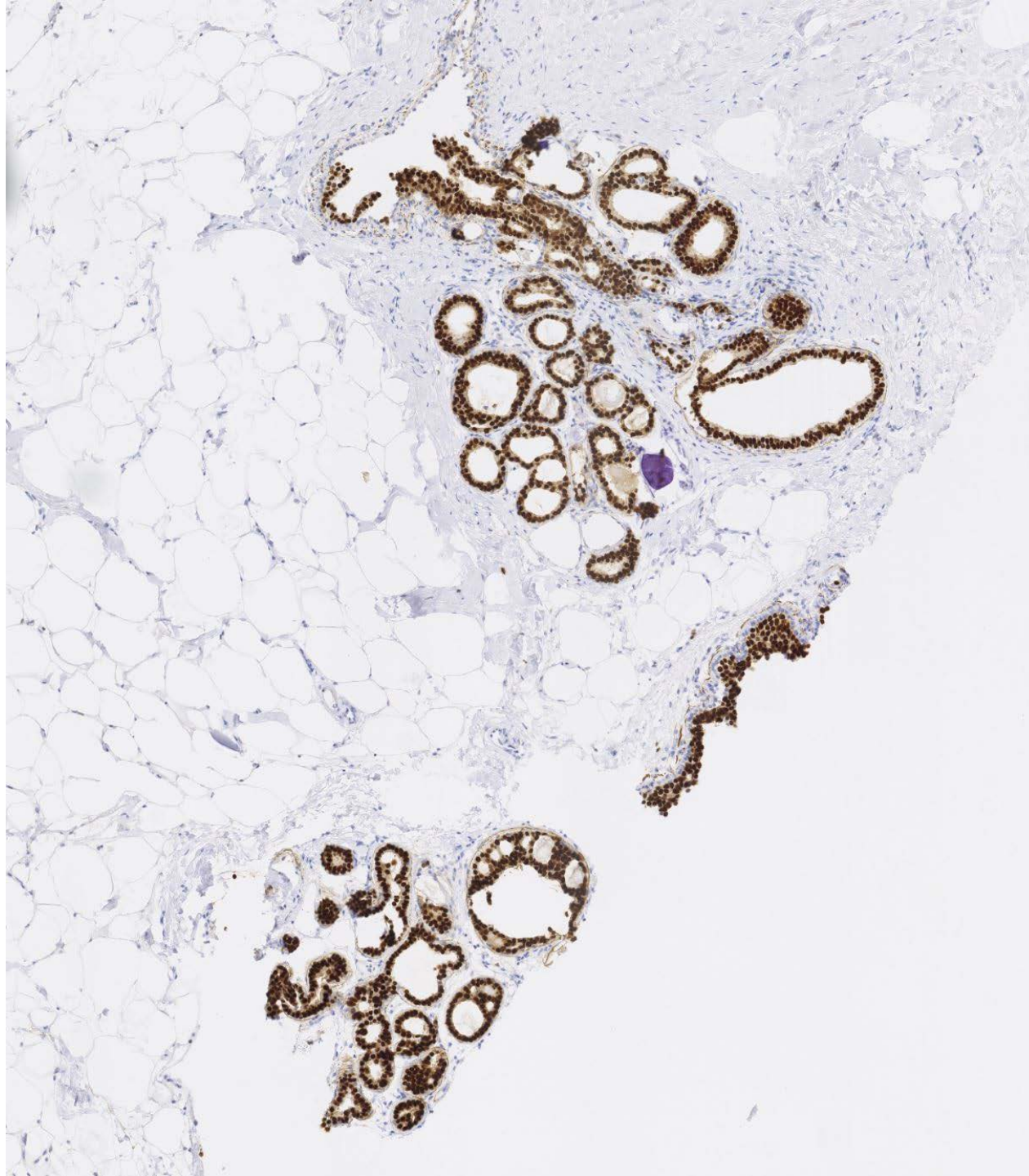


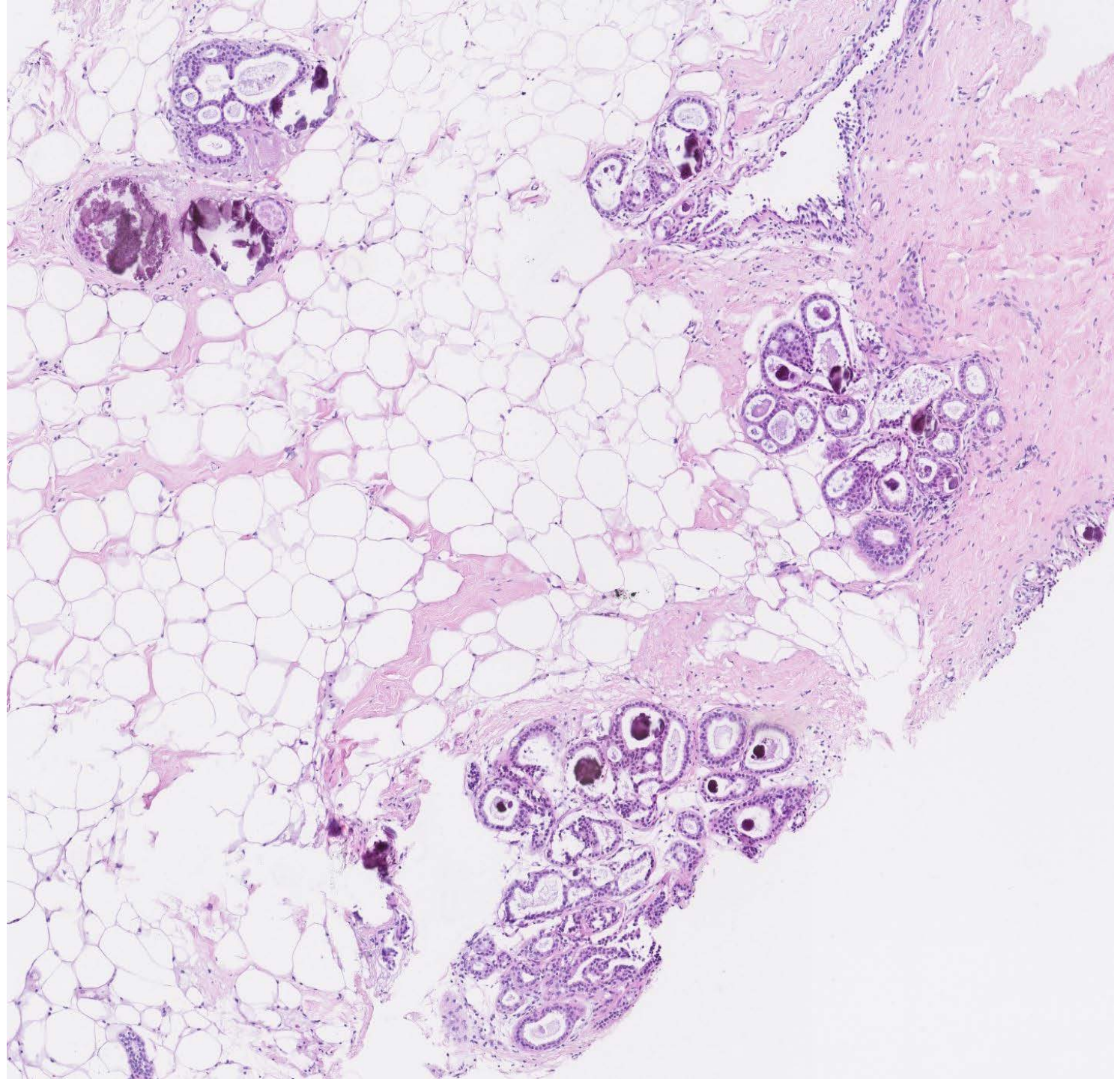


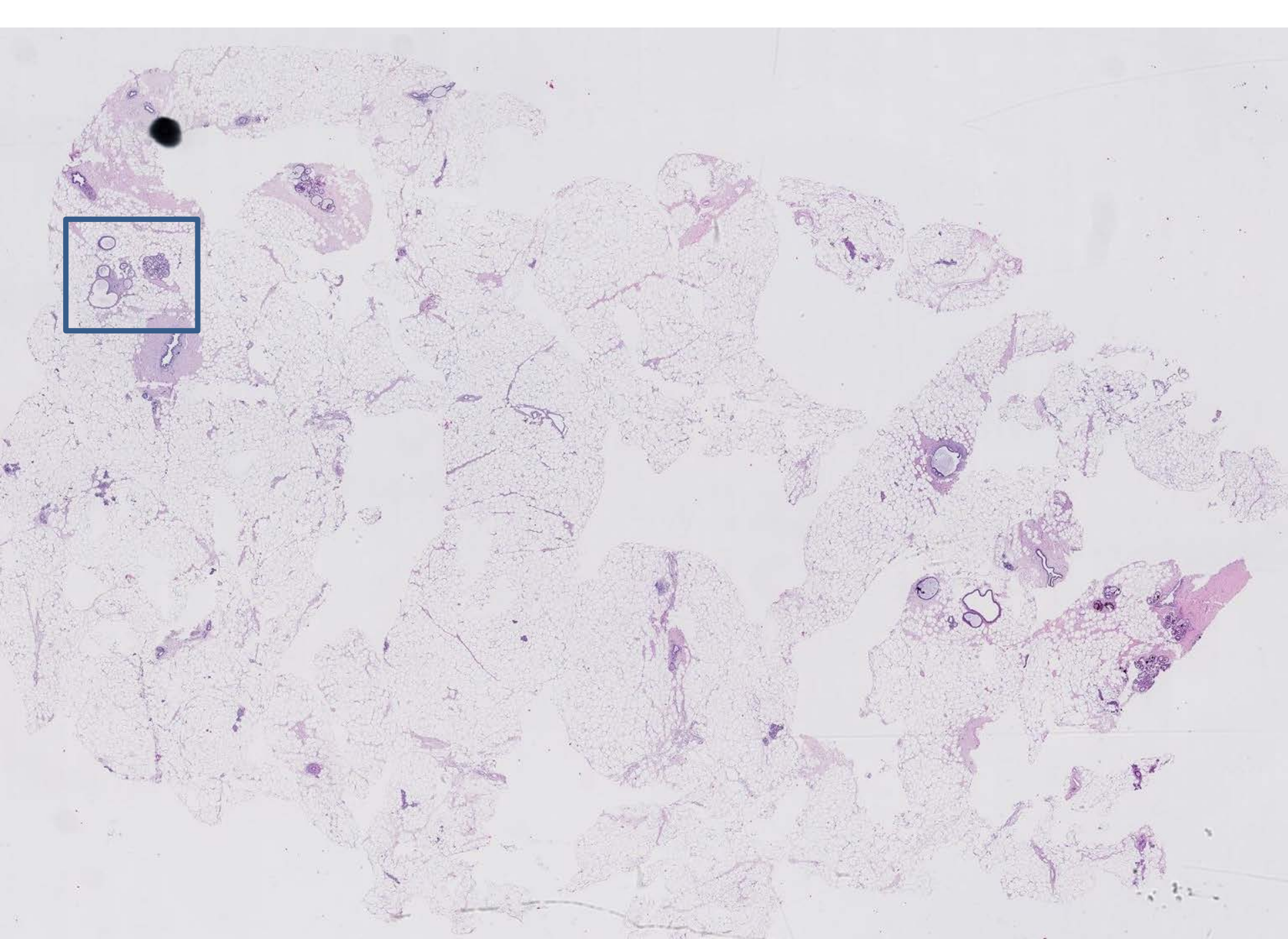
CK5/6

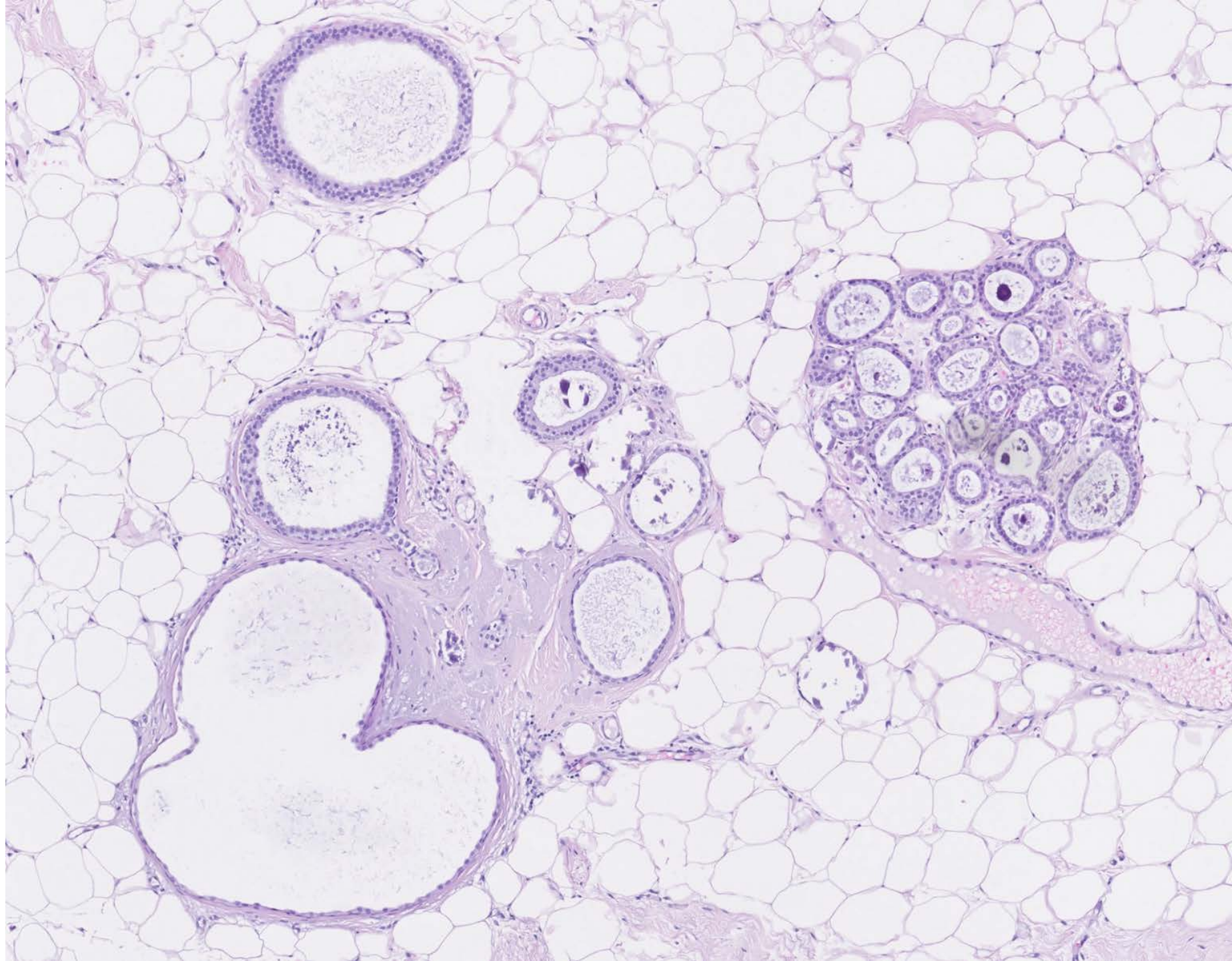


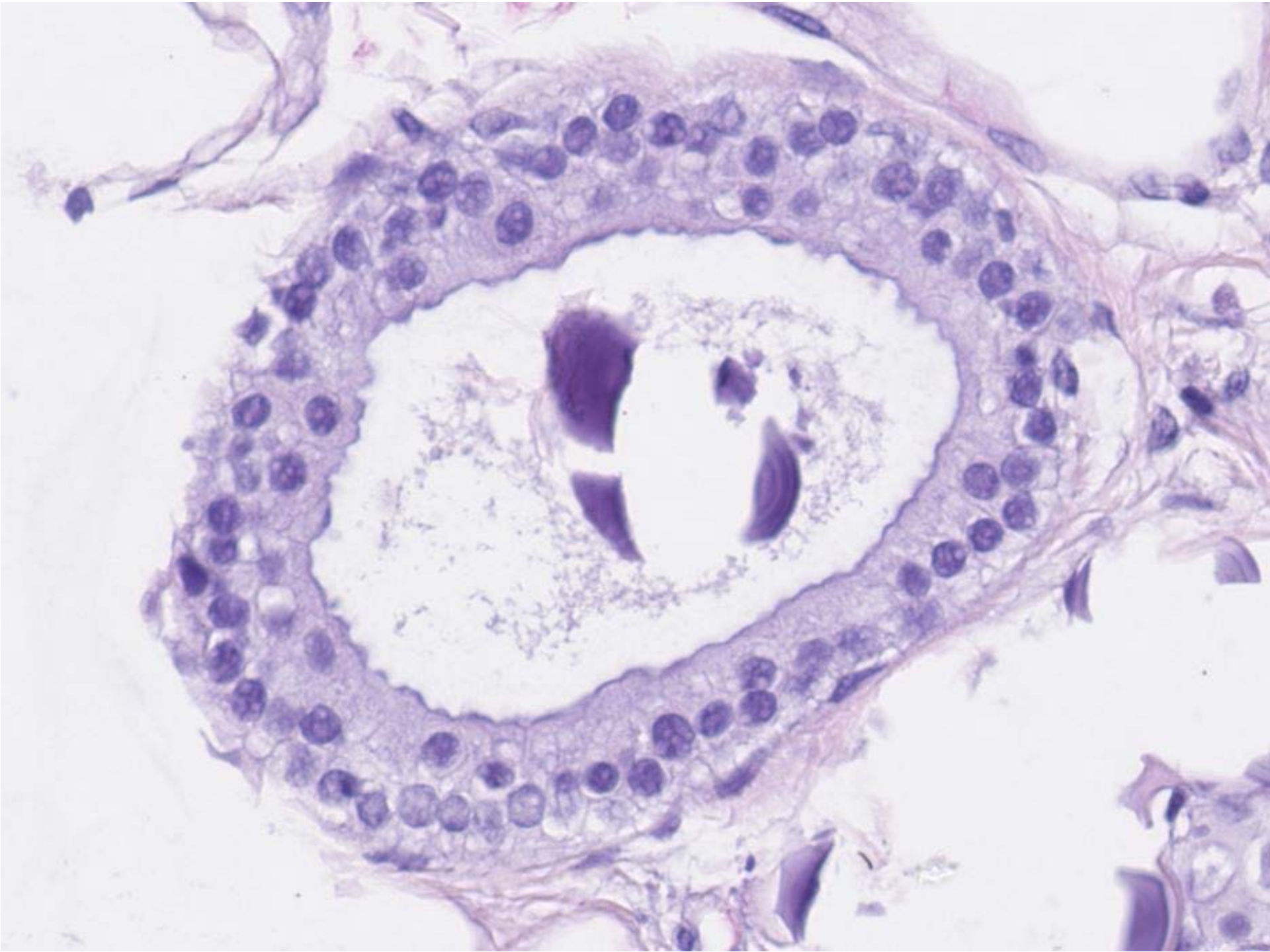
ER

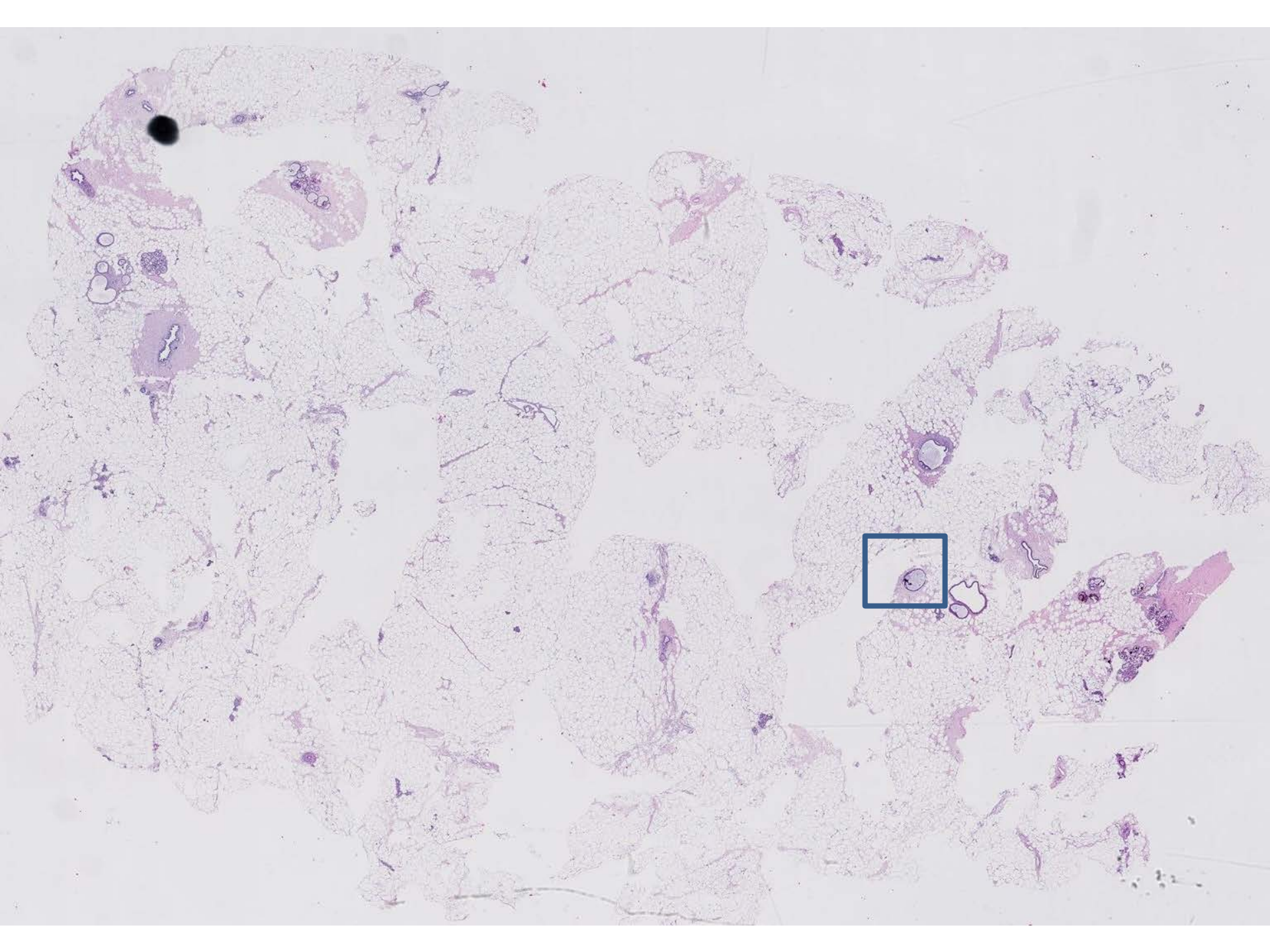


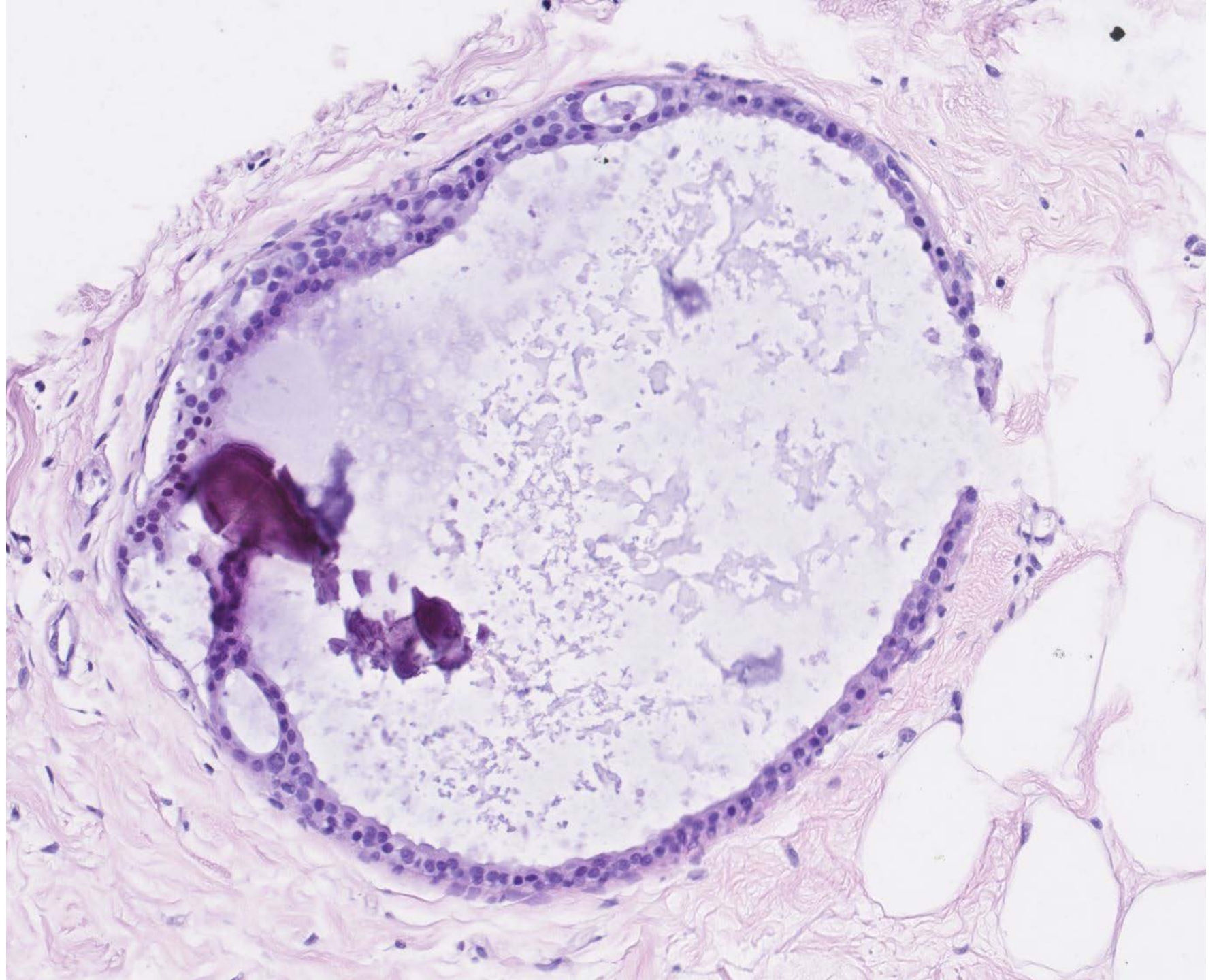




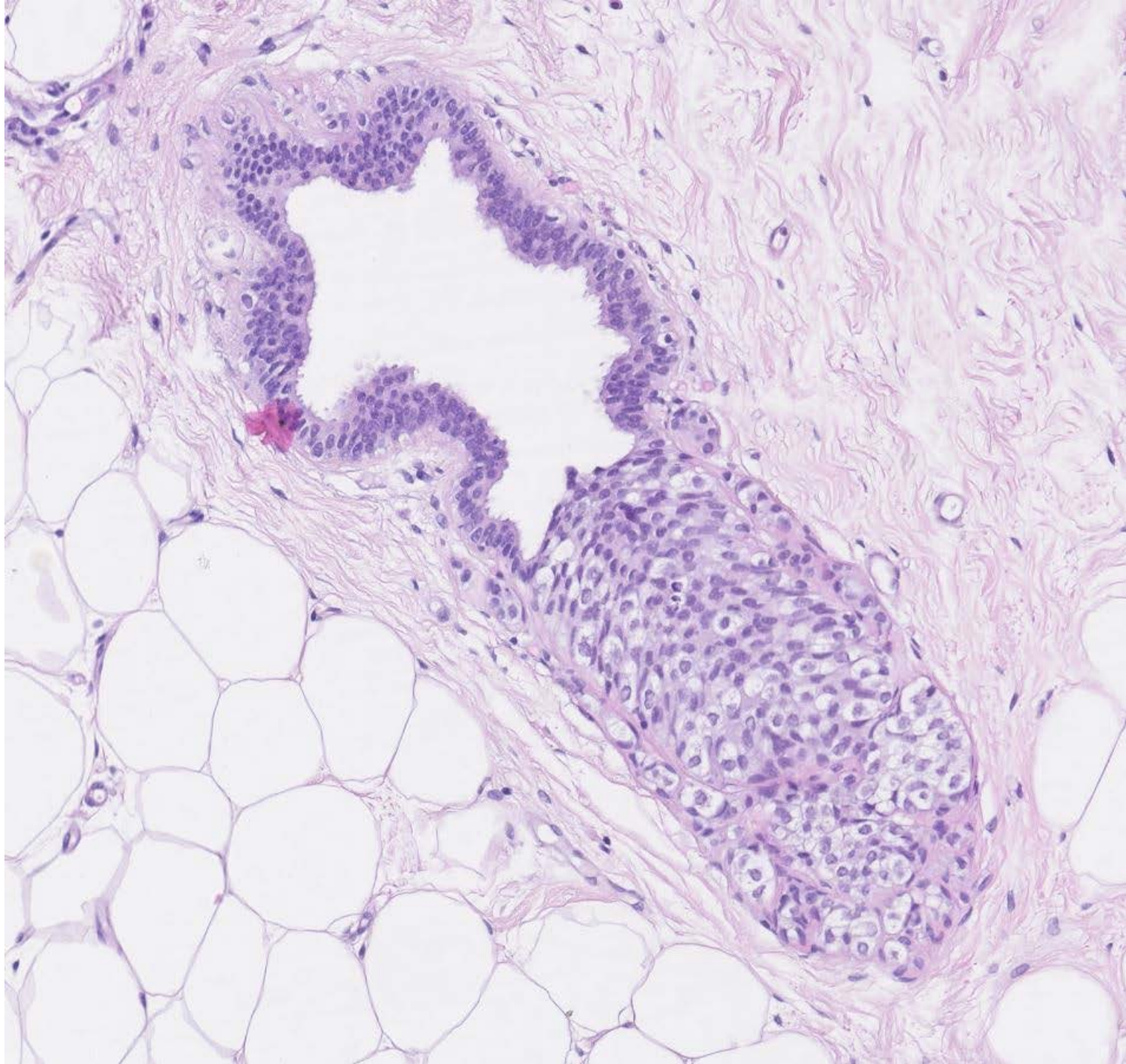


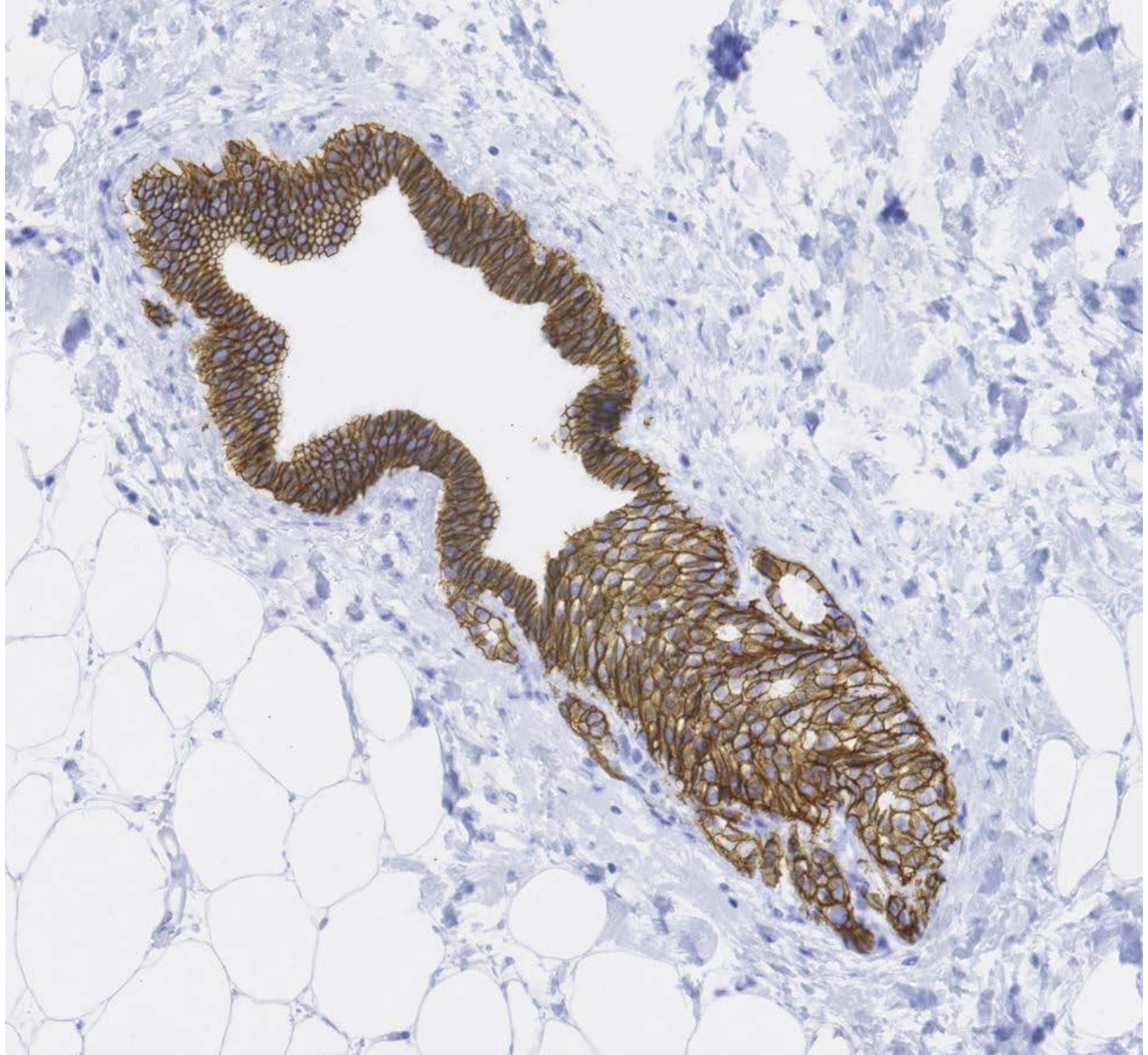








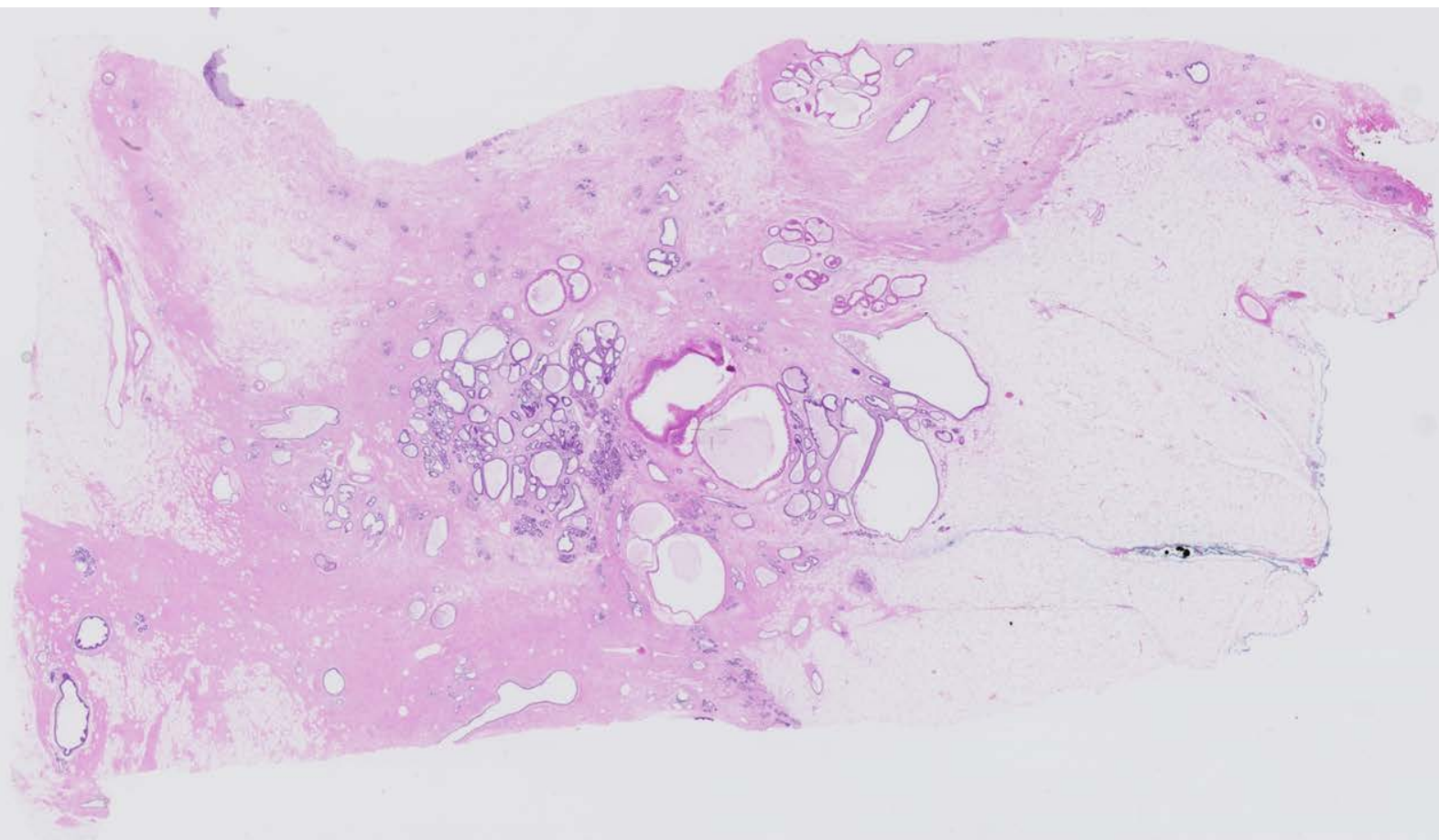


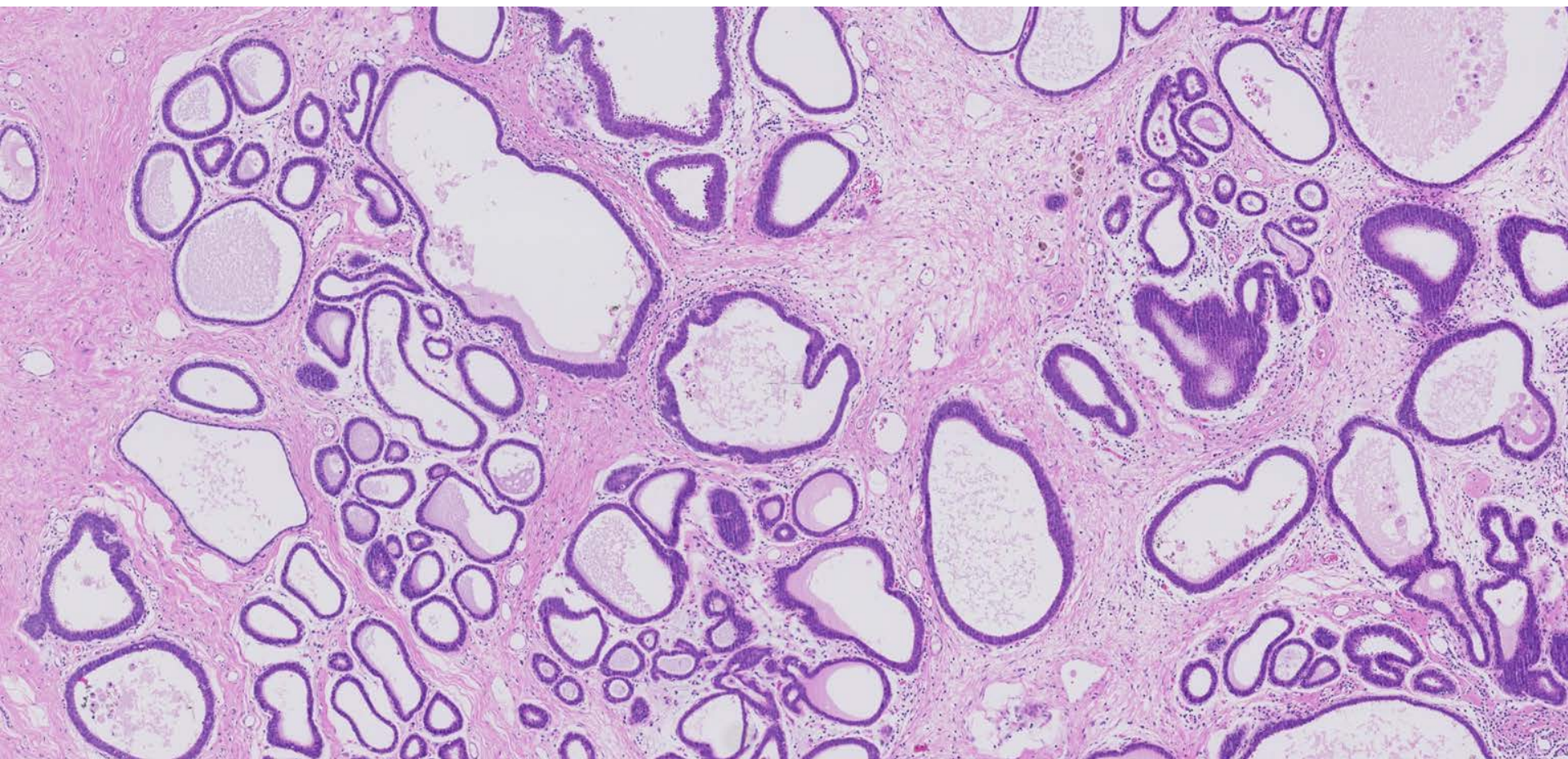


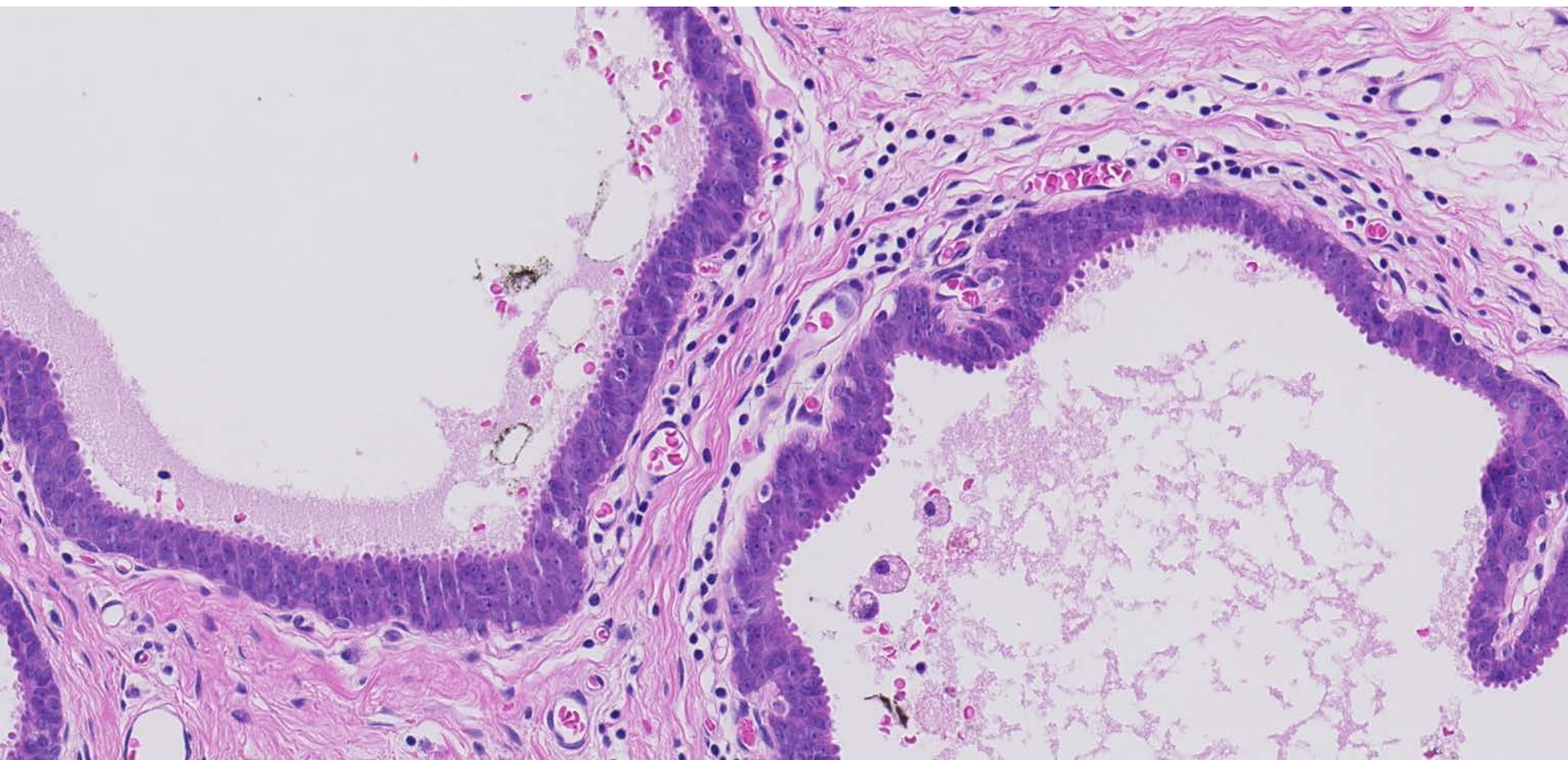
Casus 4

Een groot gebied met een cilindercellaemie met atypie (FEA).

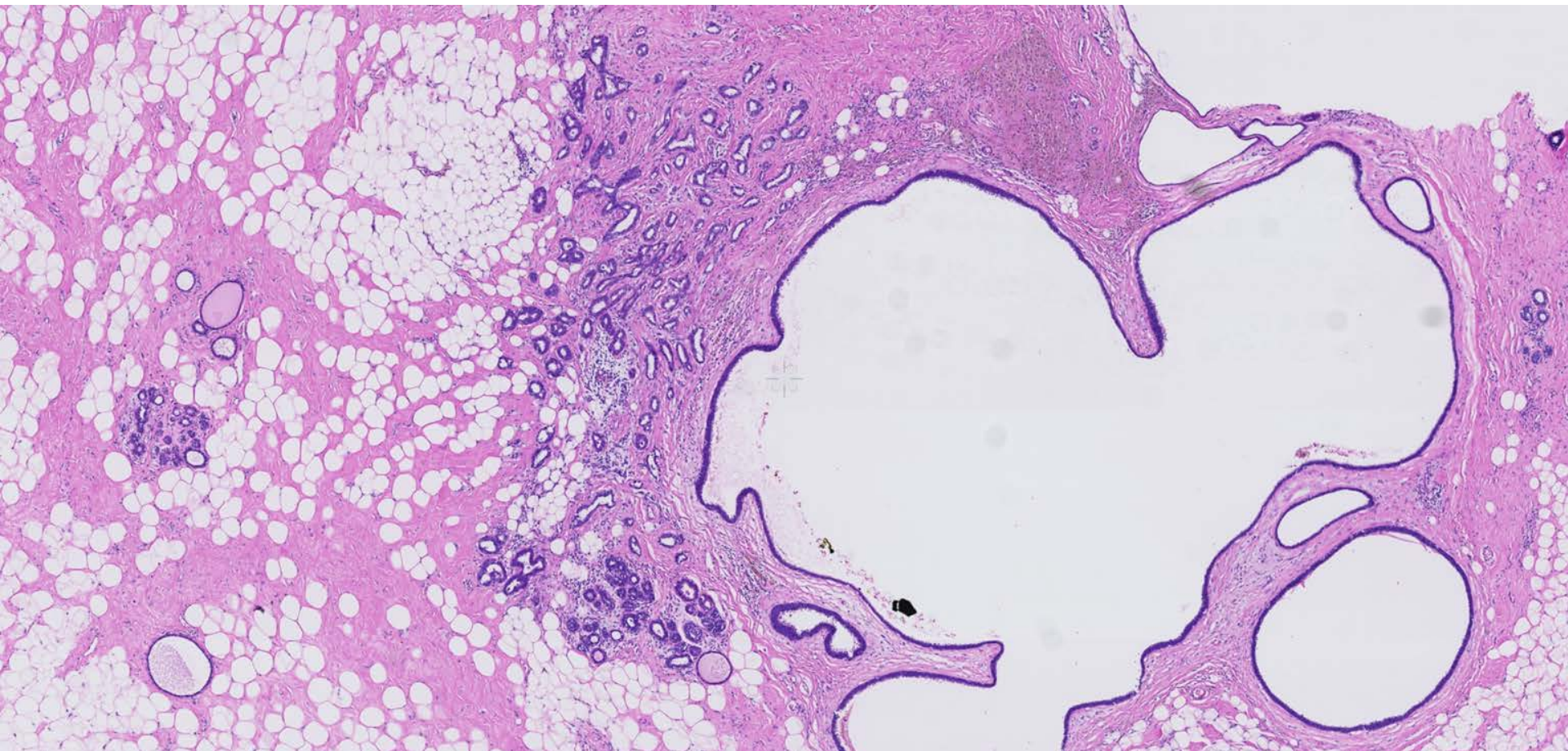
In de eerdere excisie een tubulair carcinoom en DCIS graad 1 (met ook al uitgebreide FEA)



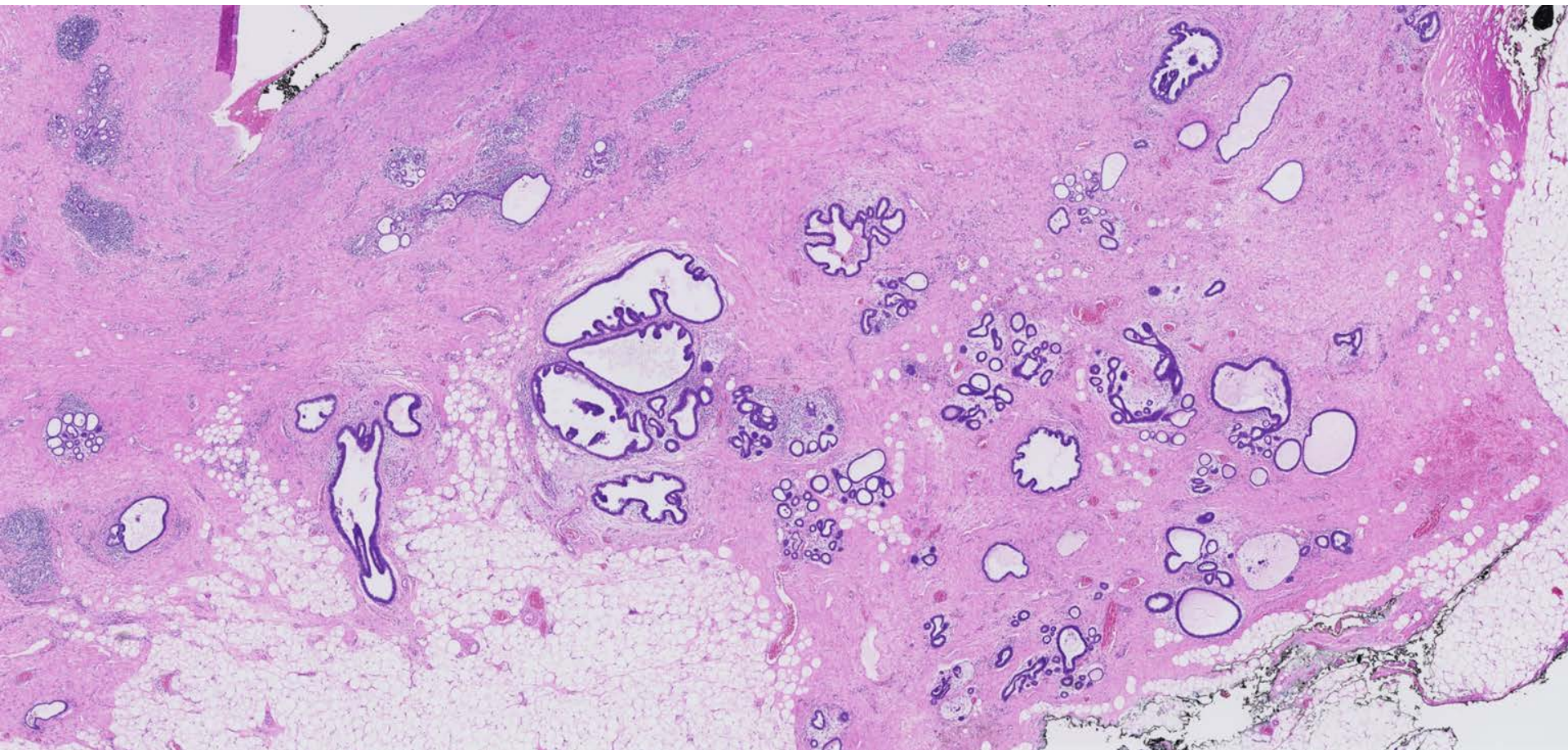




Eerdere excisie

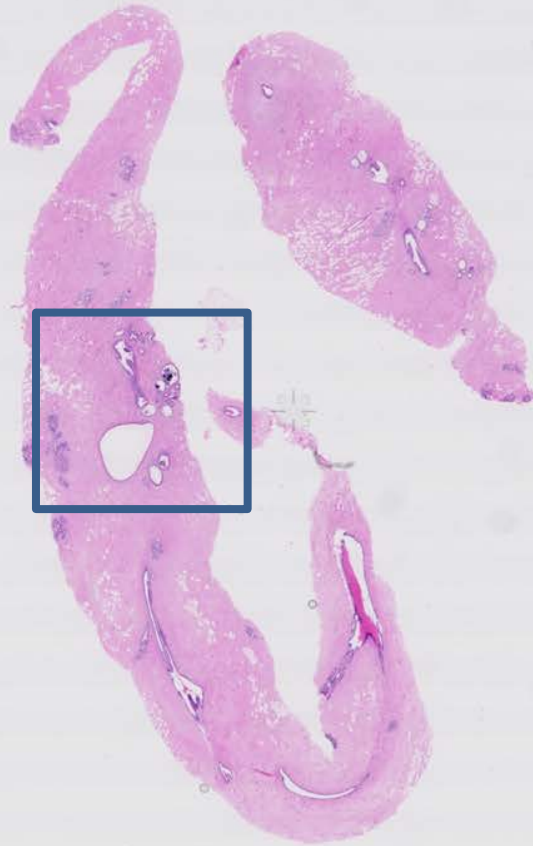


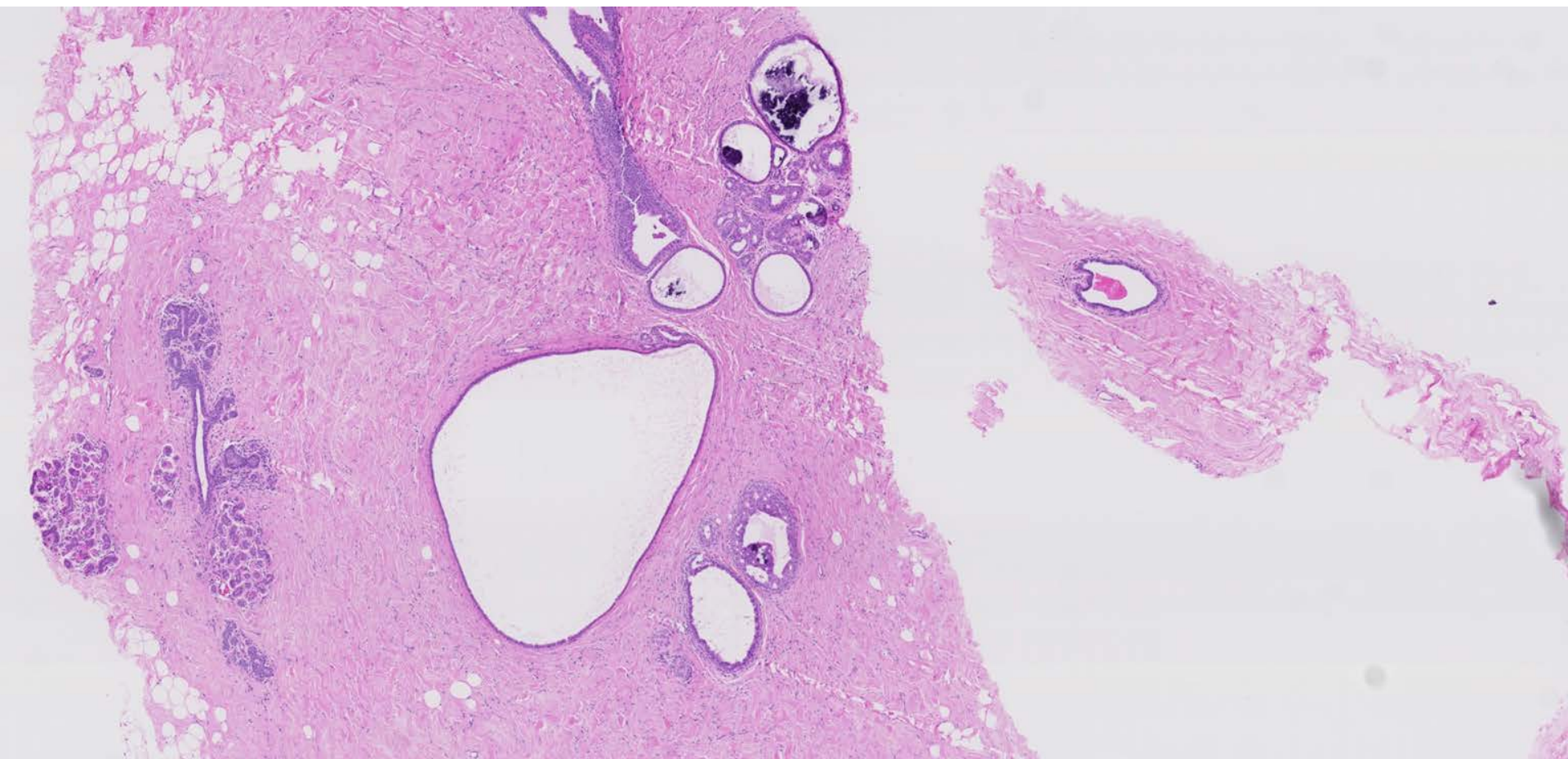
Eerdere excisie

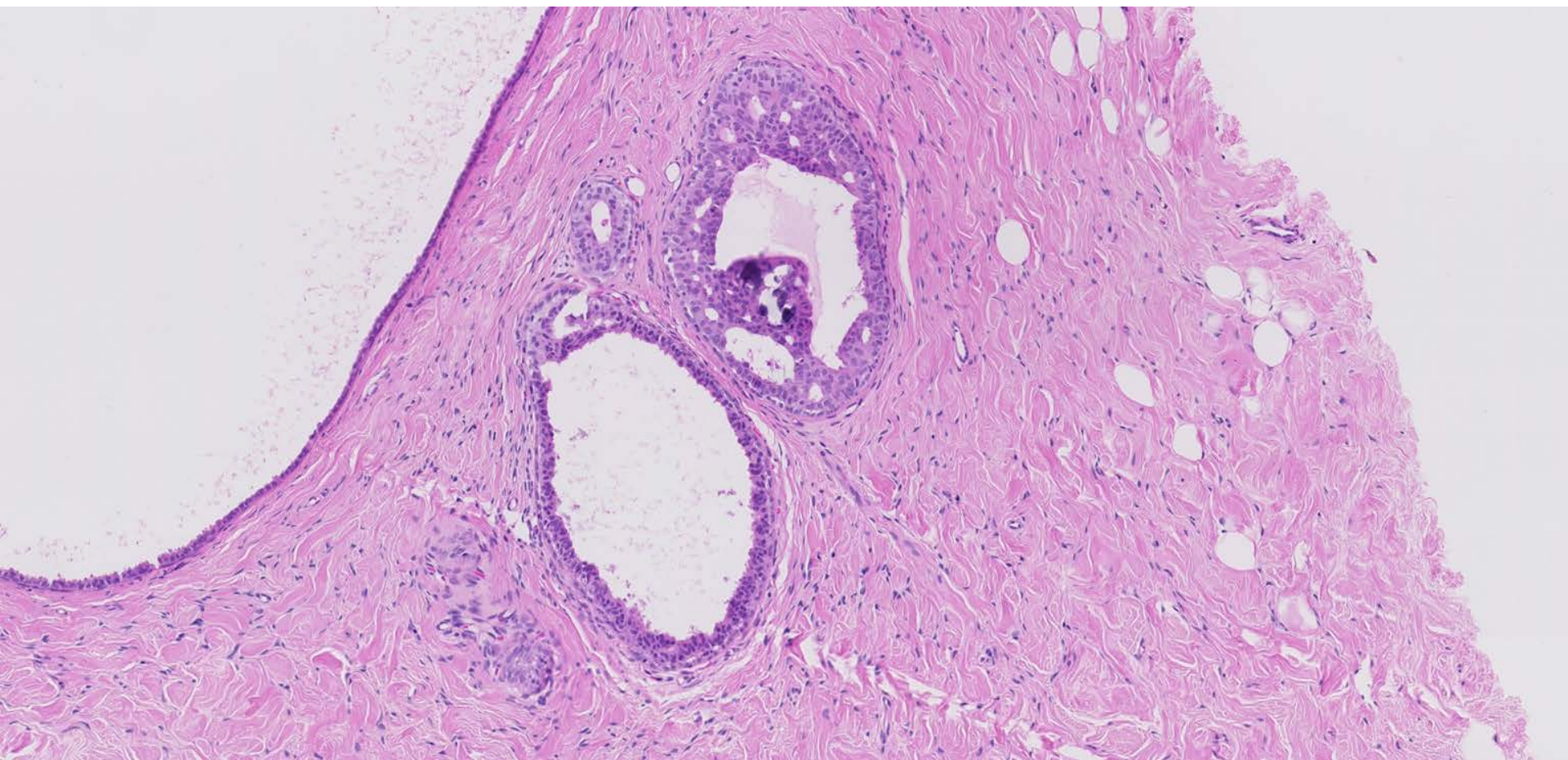


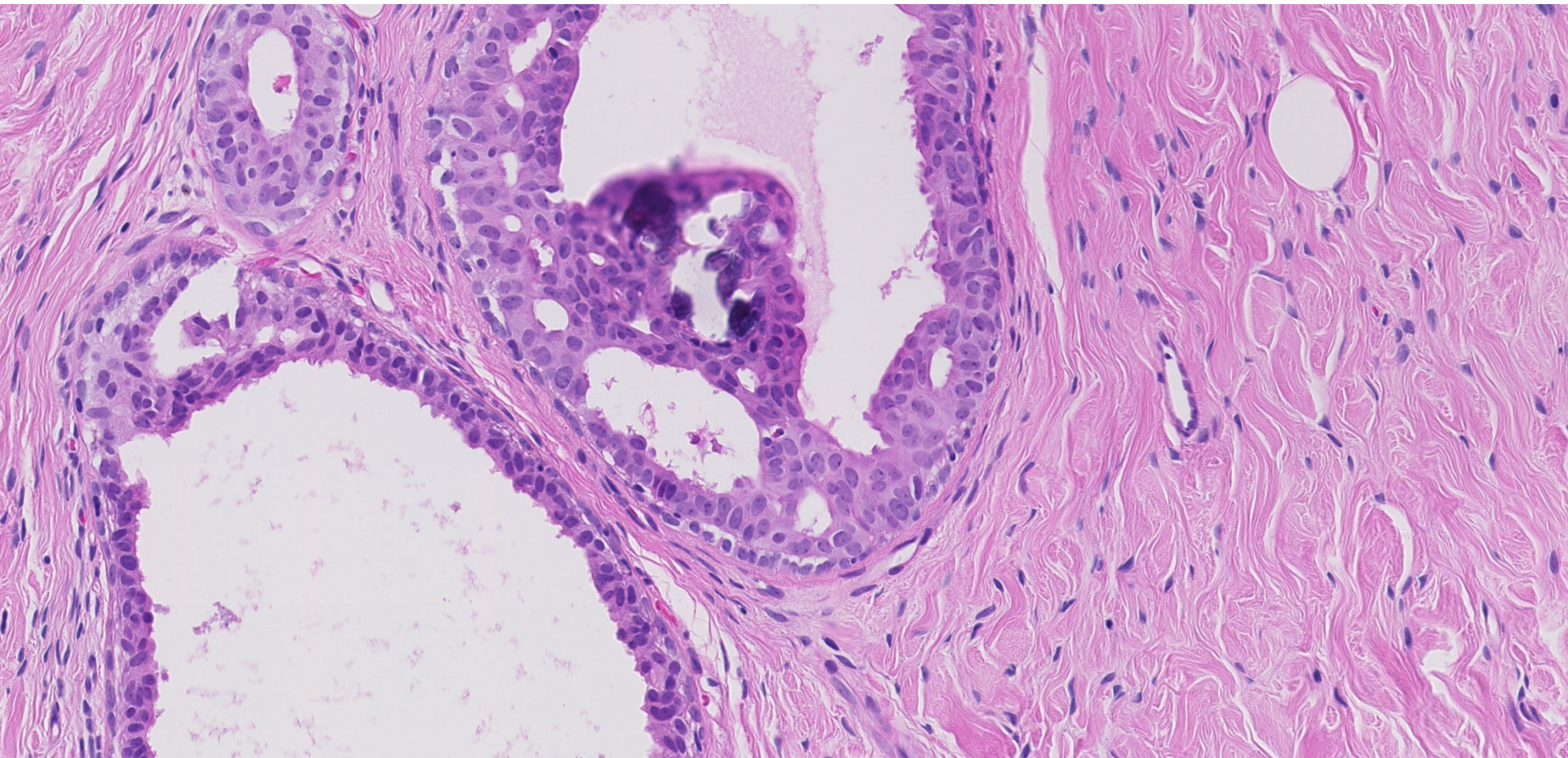
Casus 4a

Een atypische intraductale
proliferatie met voorkeur voor ADH.

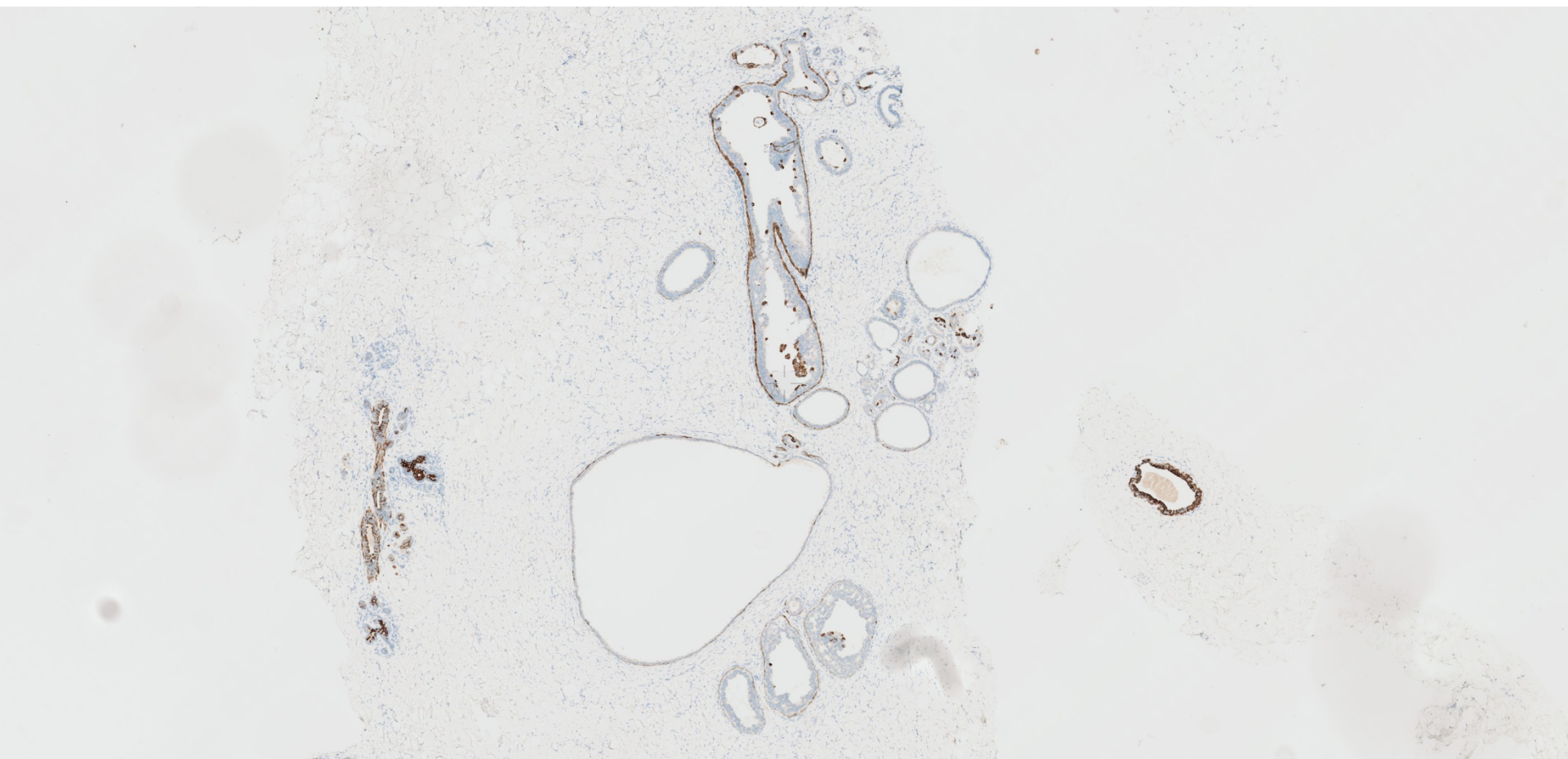




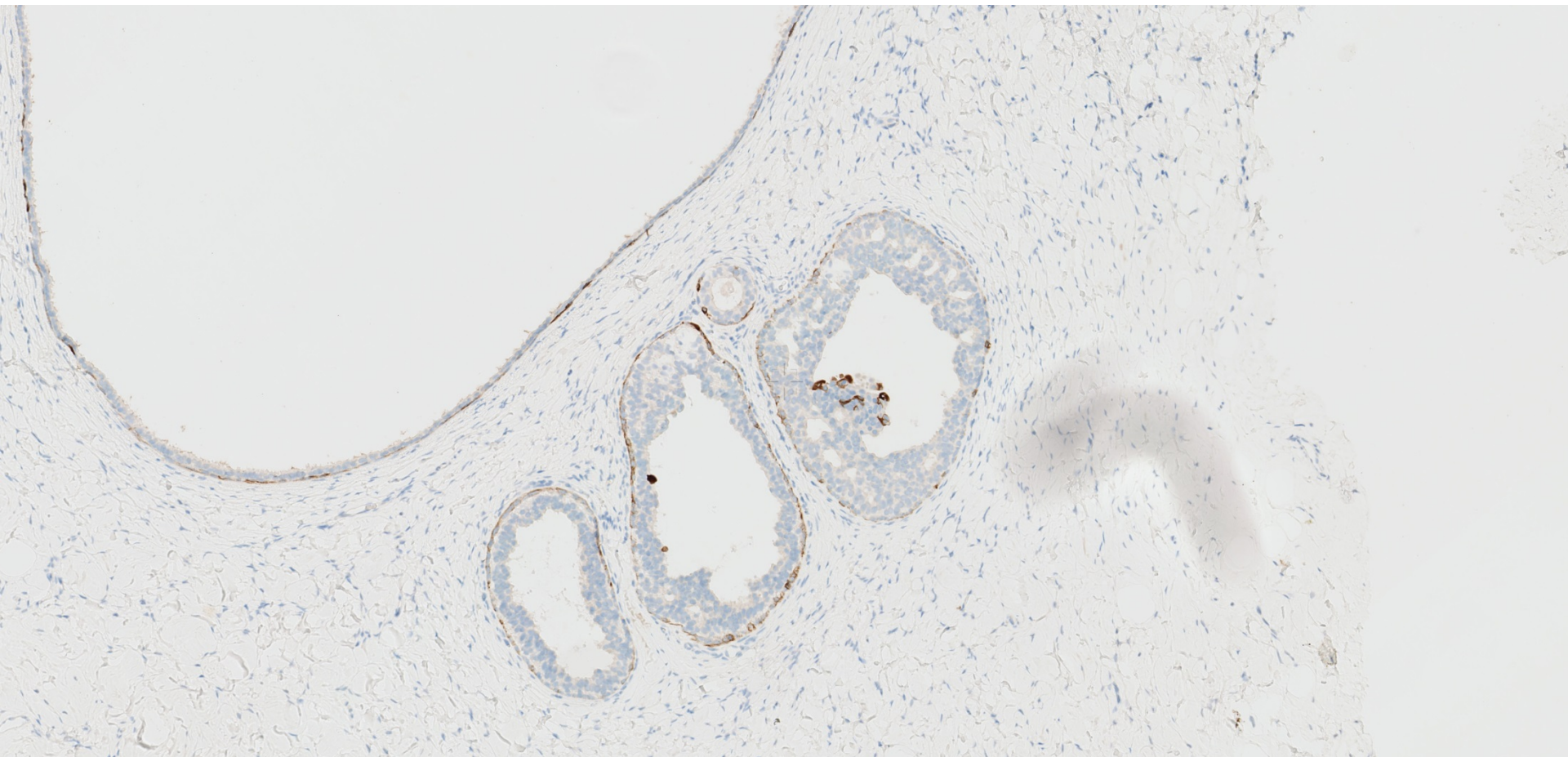




CK5



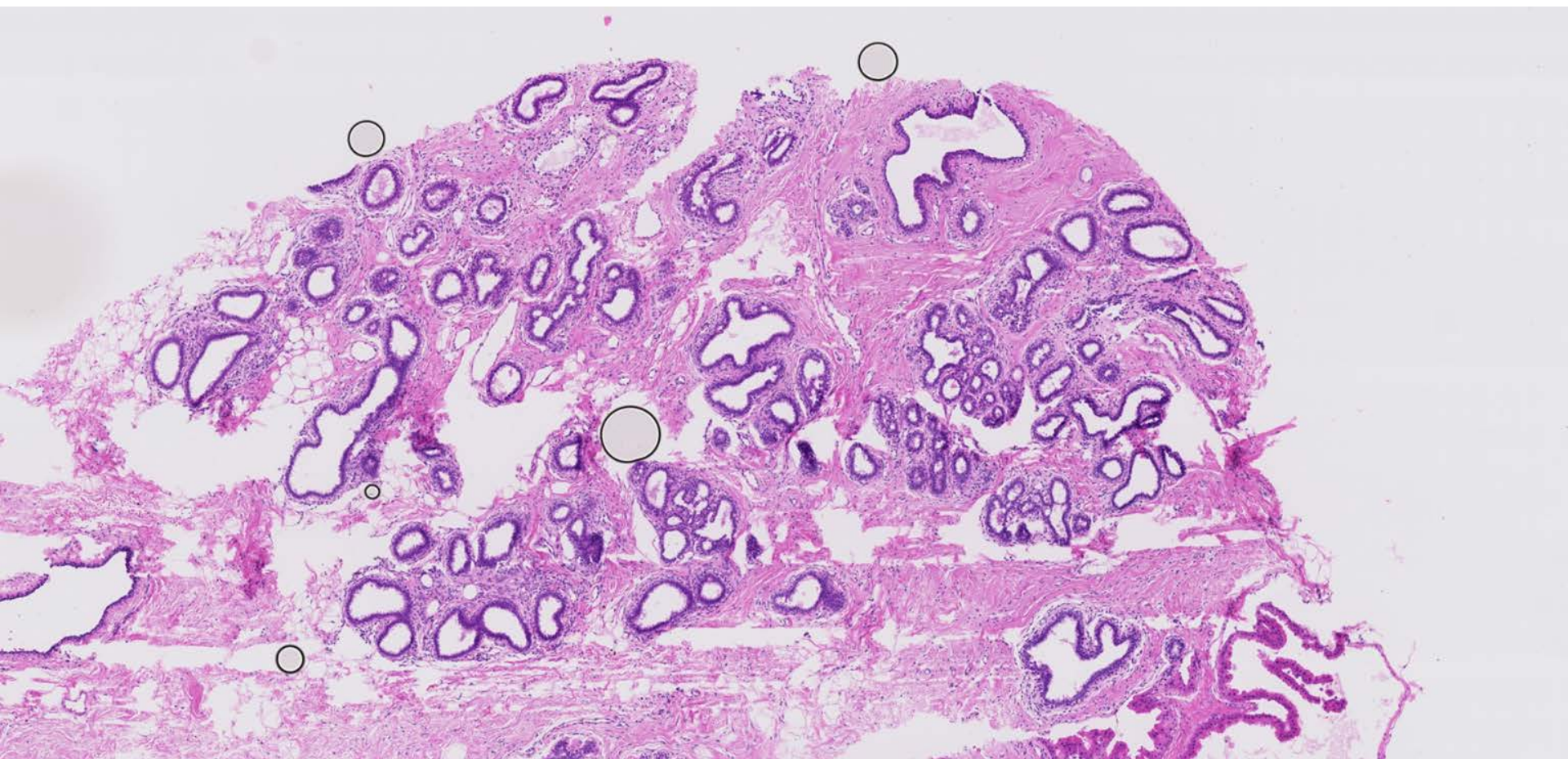
CK5

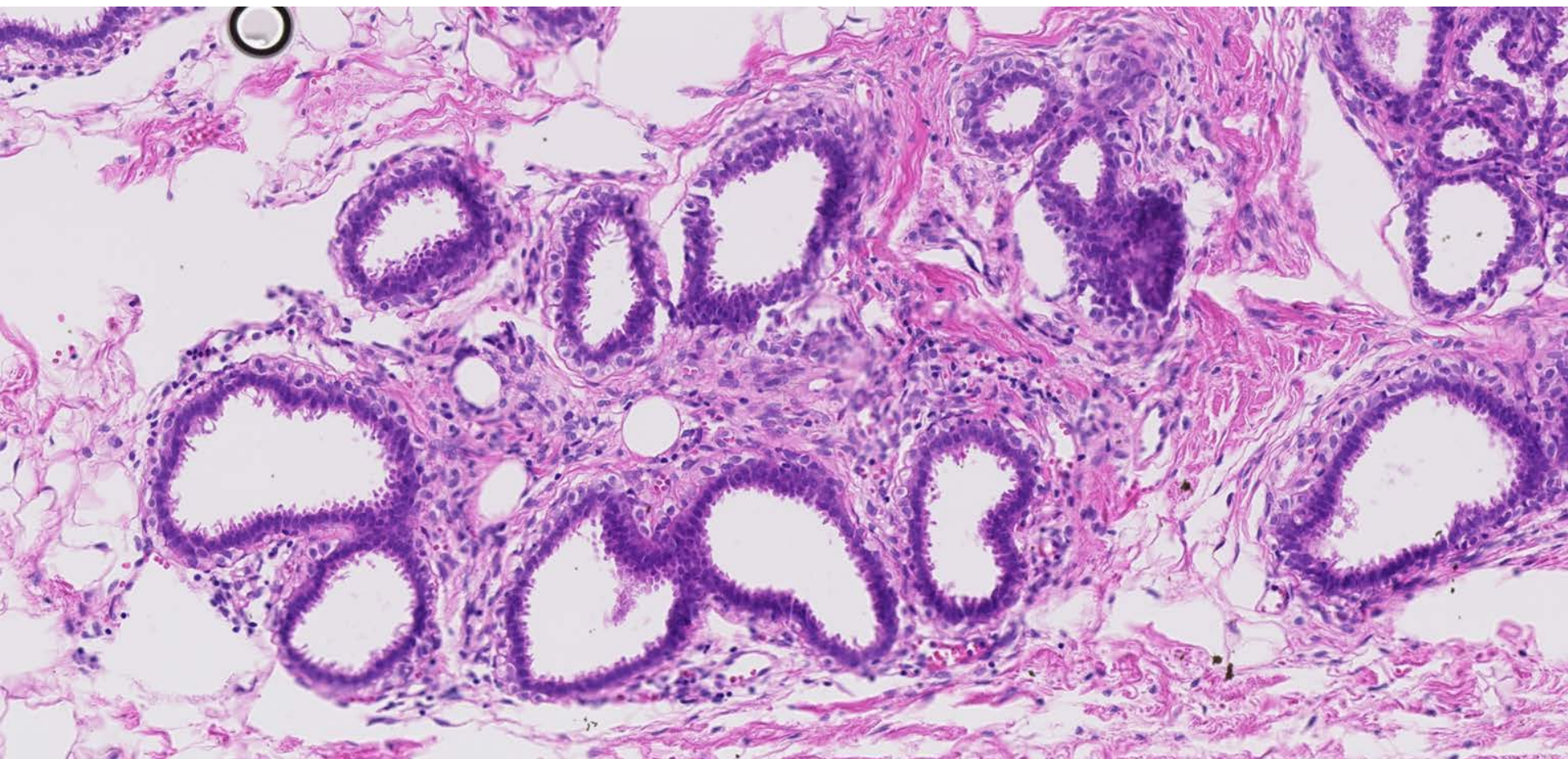


Casus 5

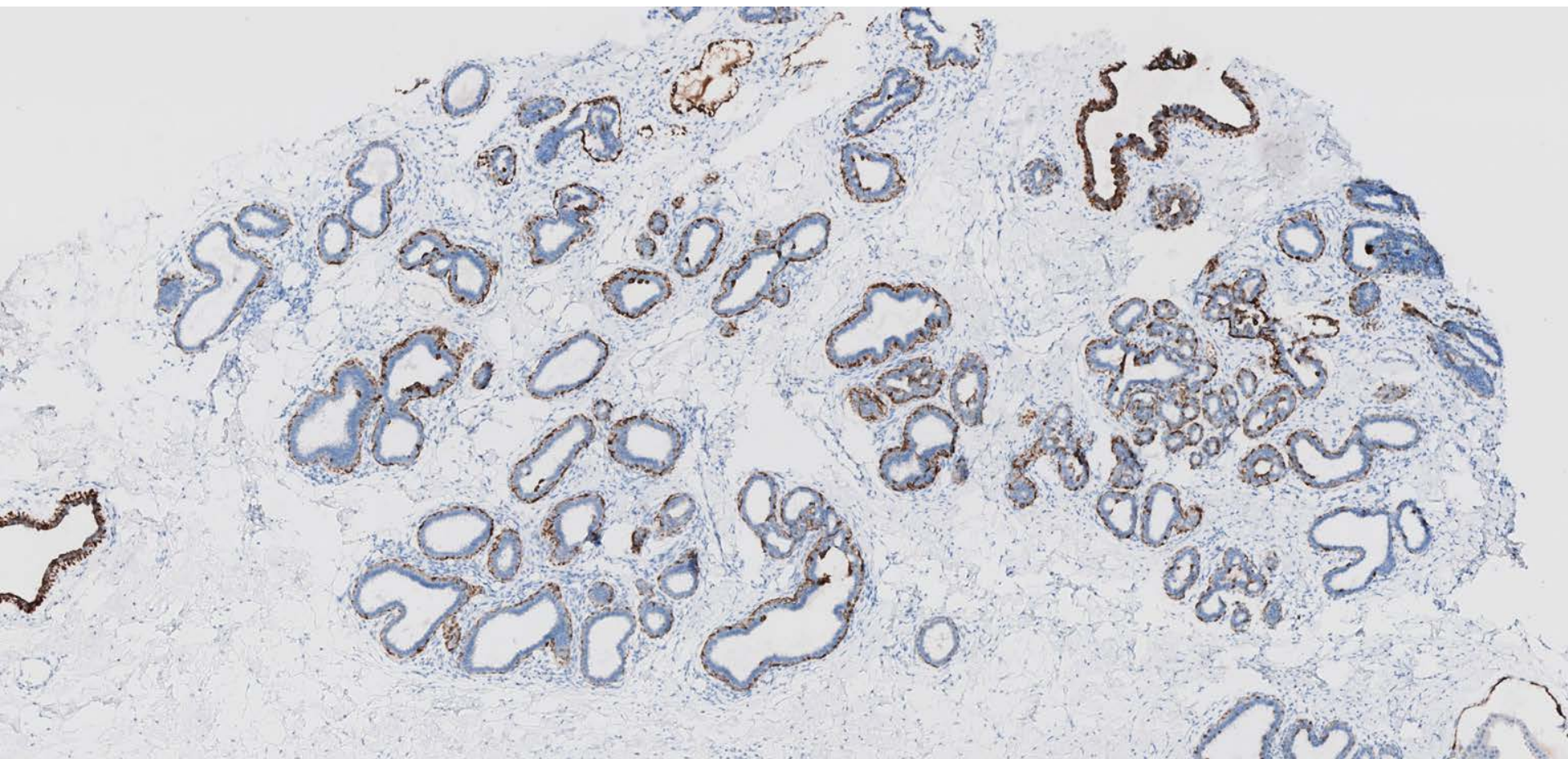
Hyperplasie (UDH), Blunt duct adenose (cilindercelveranderingen zonder atypie) en lobulaire neoplasie

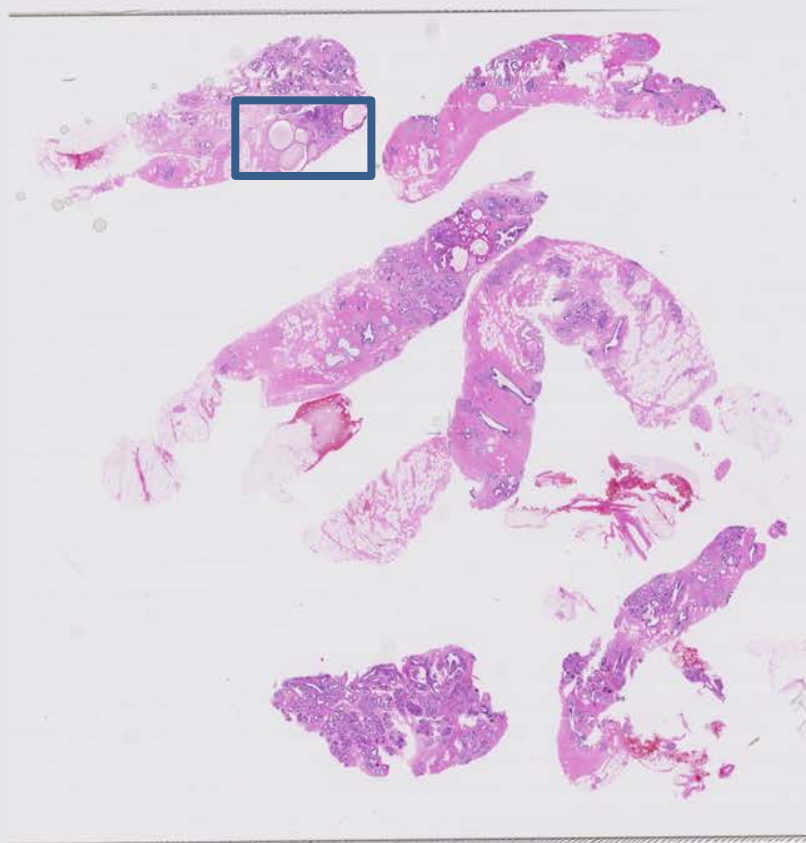


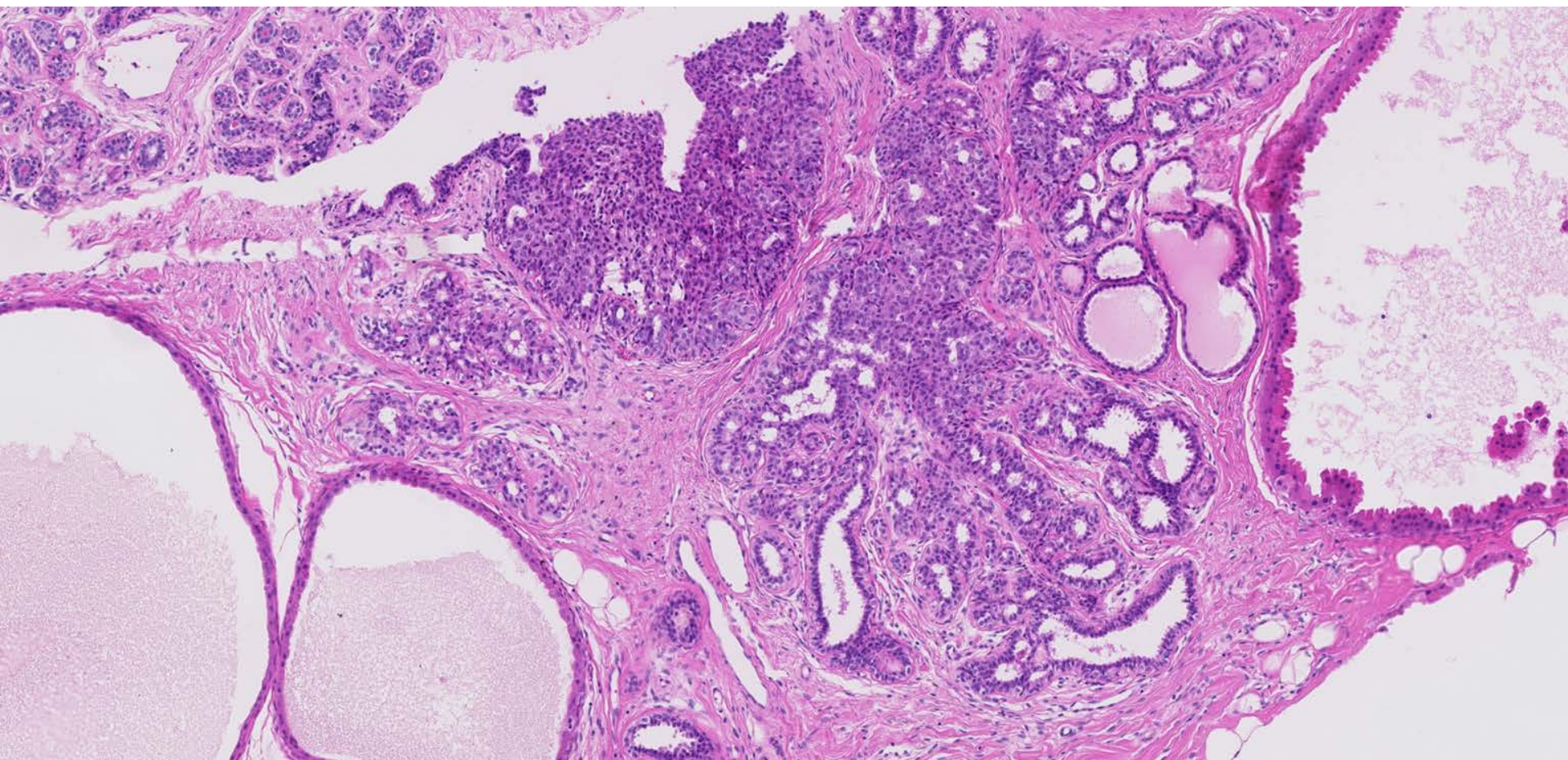




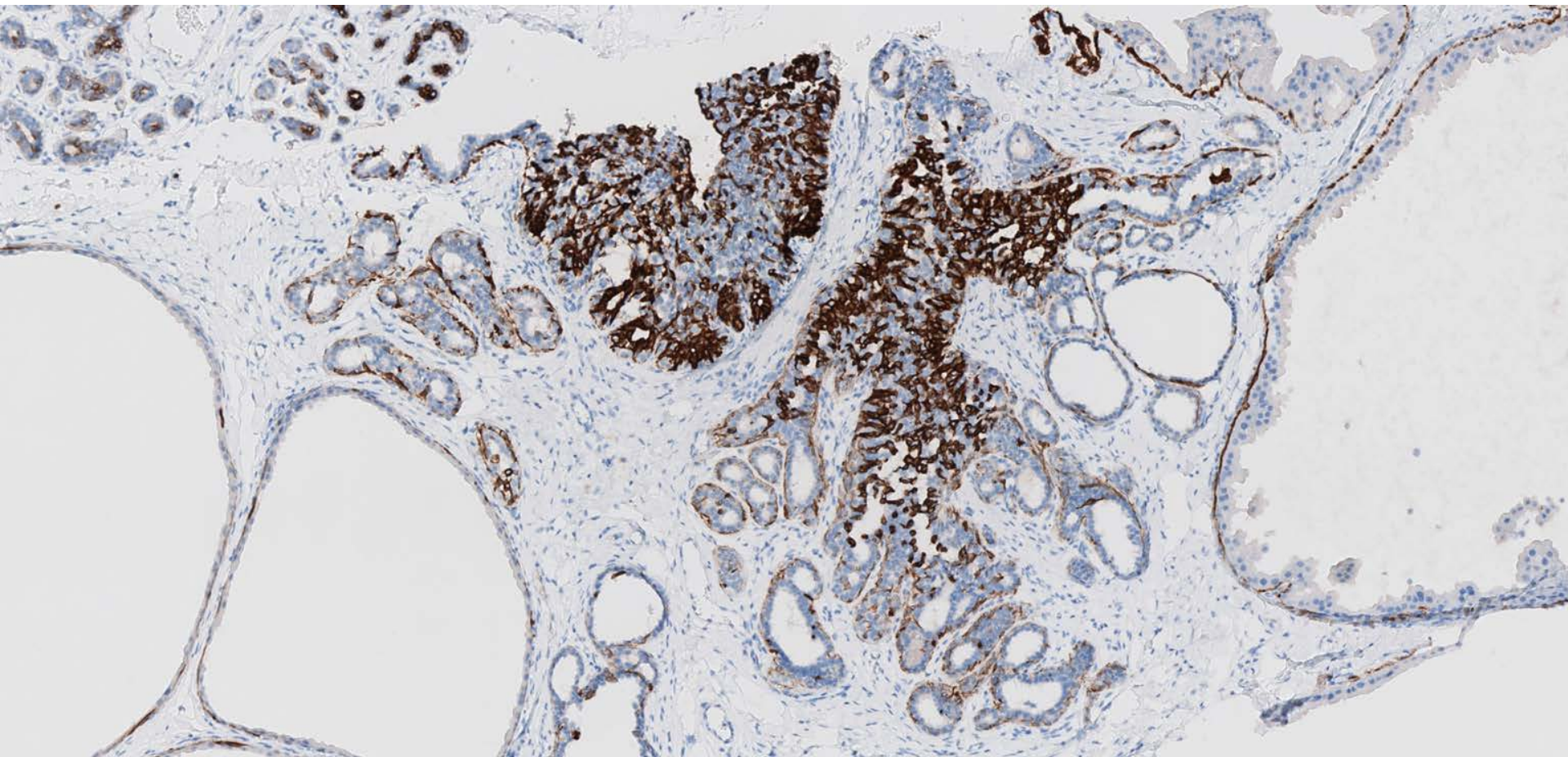
CK5



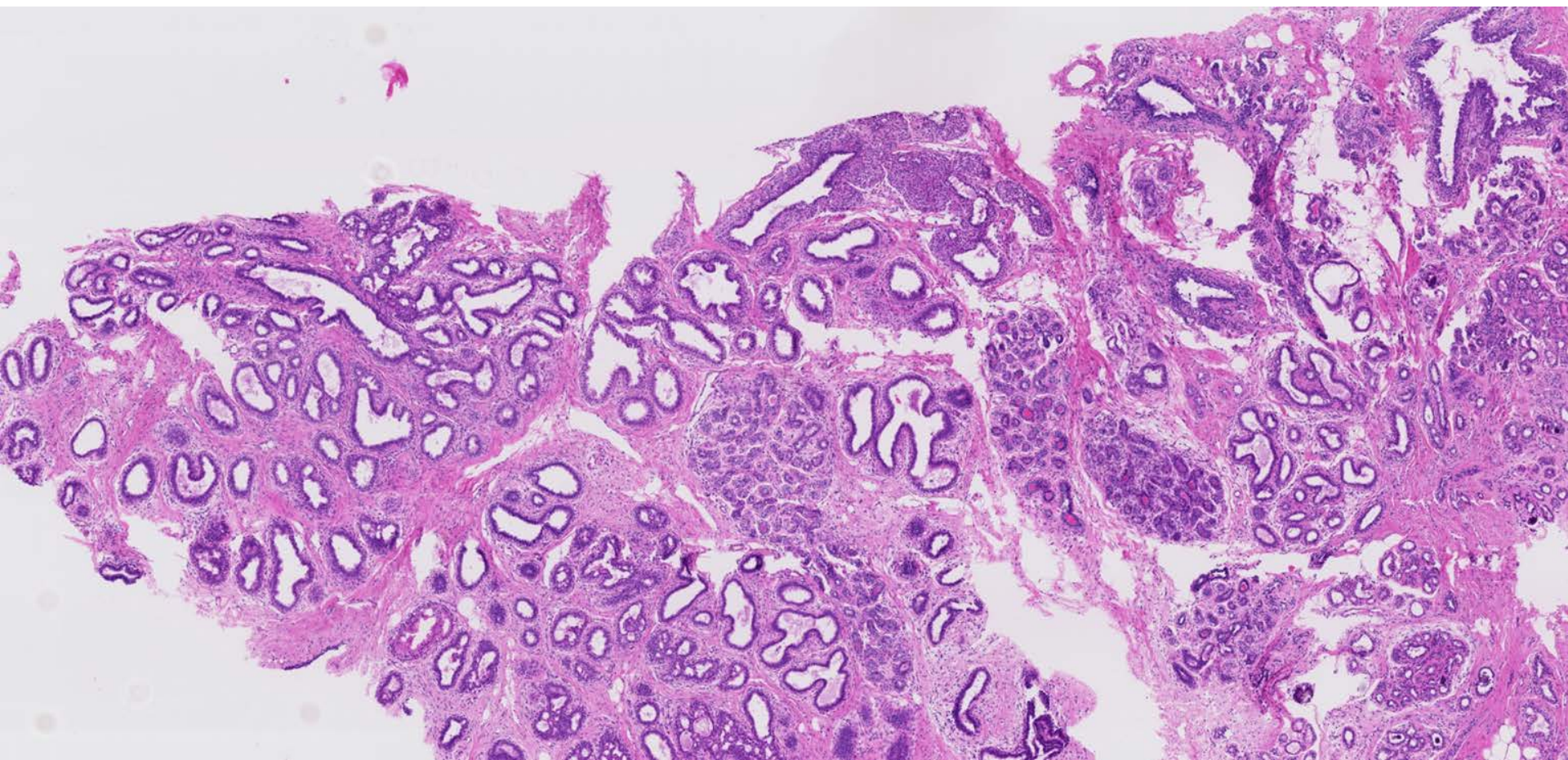


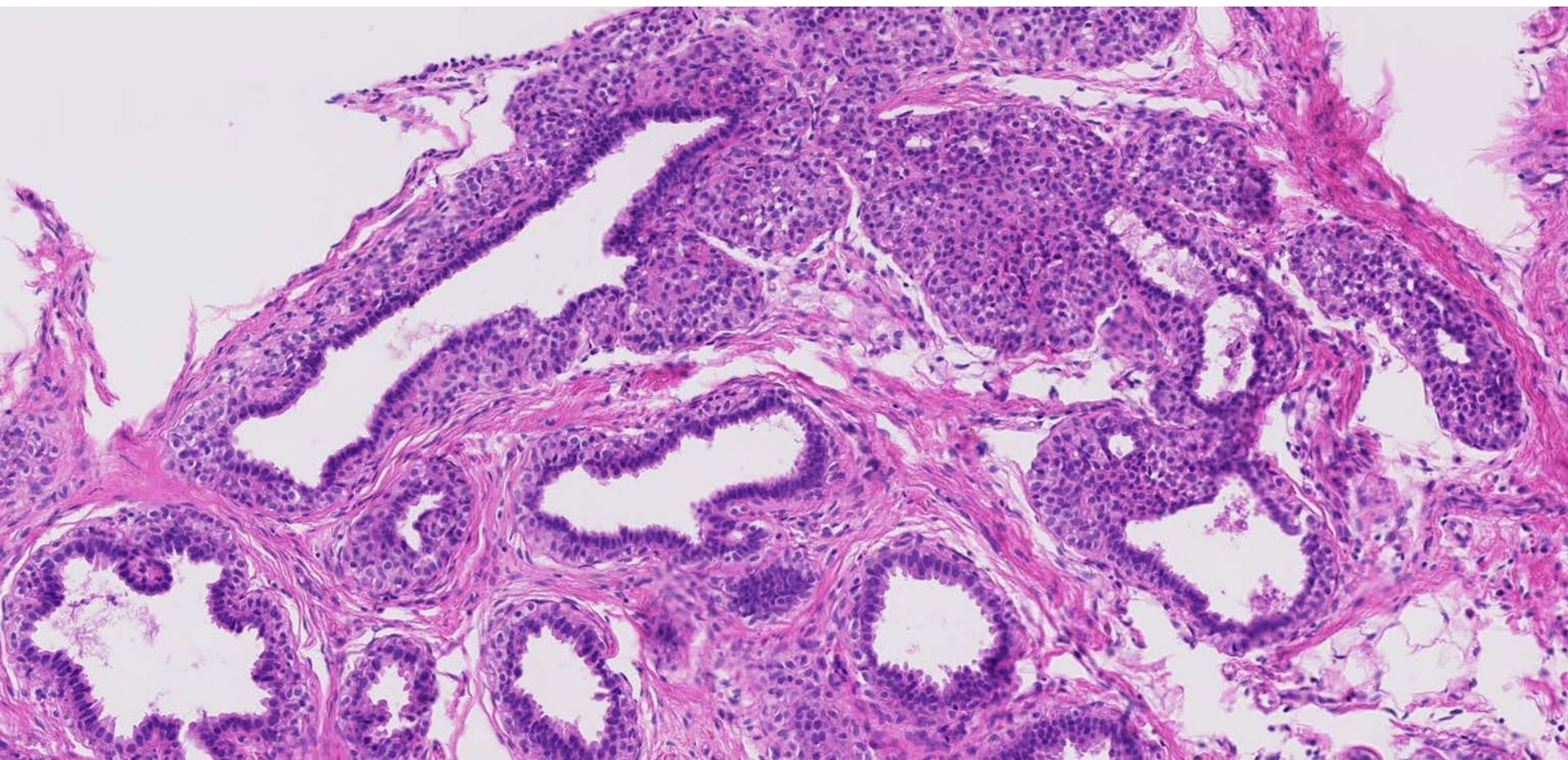


CK5

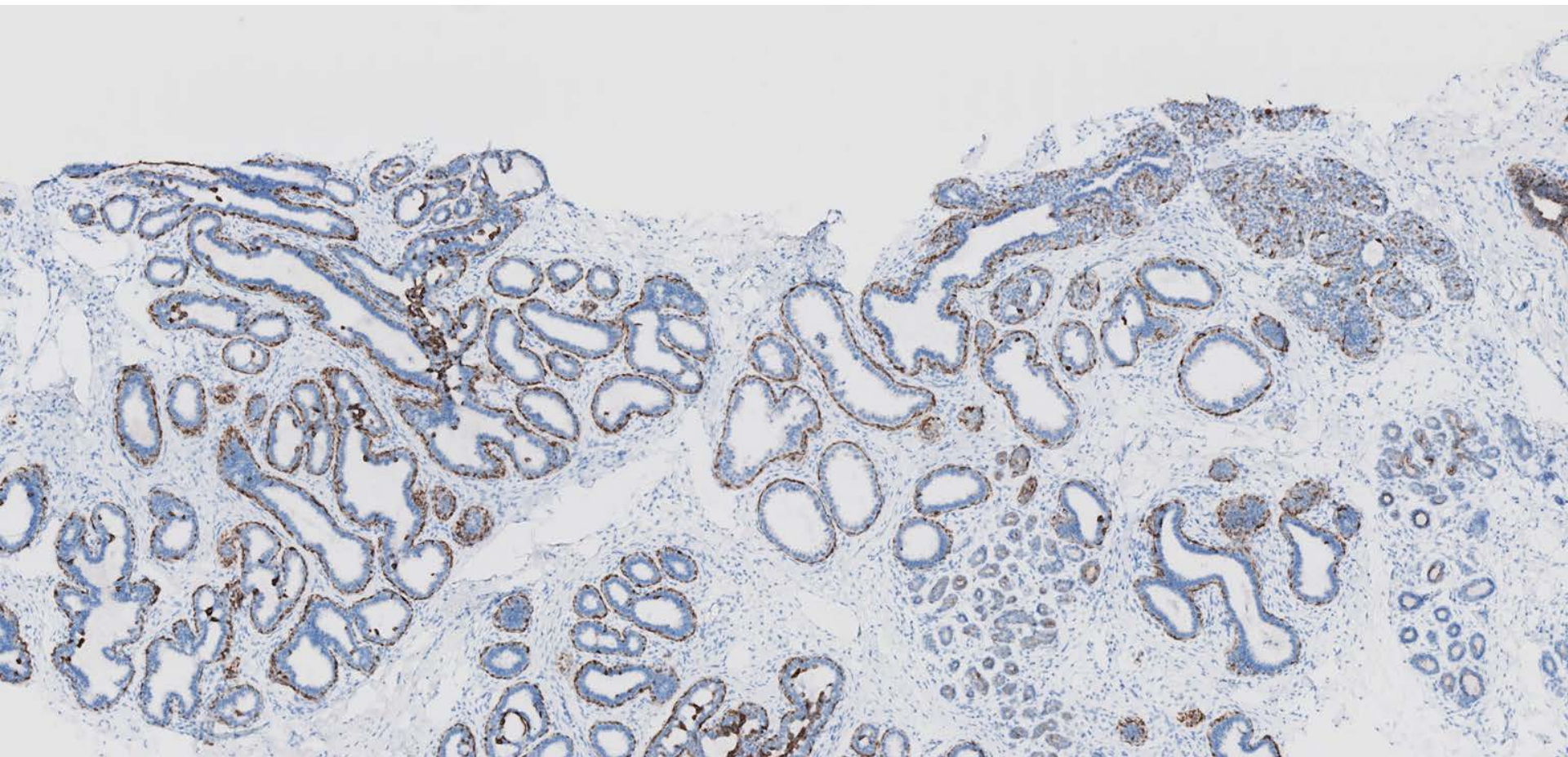




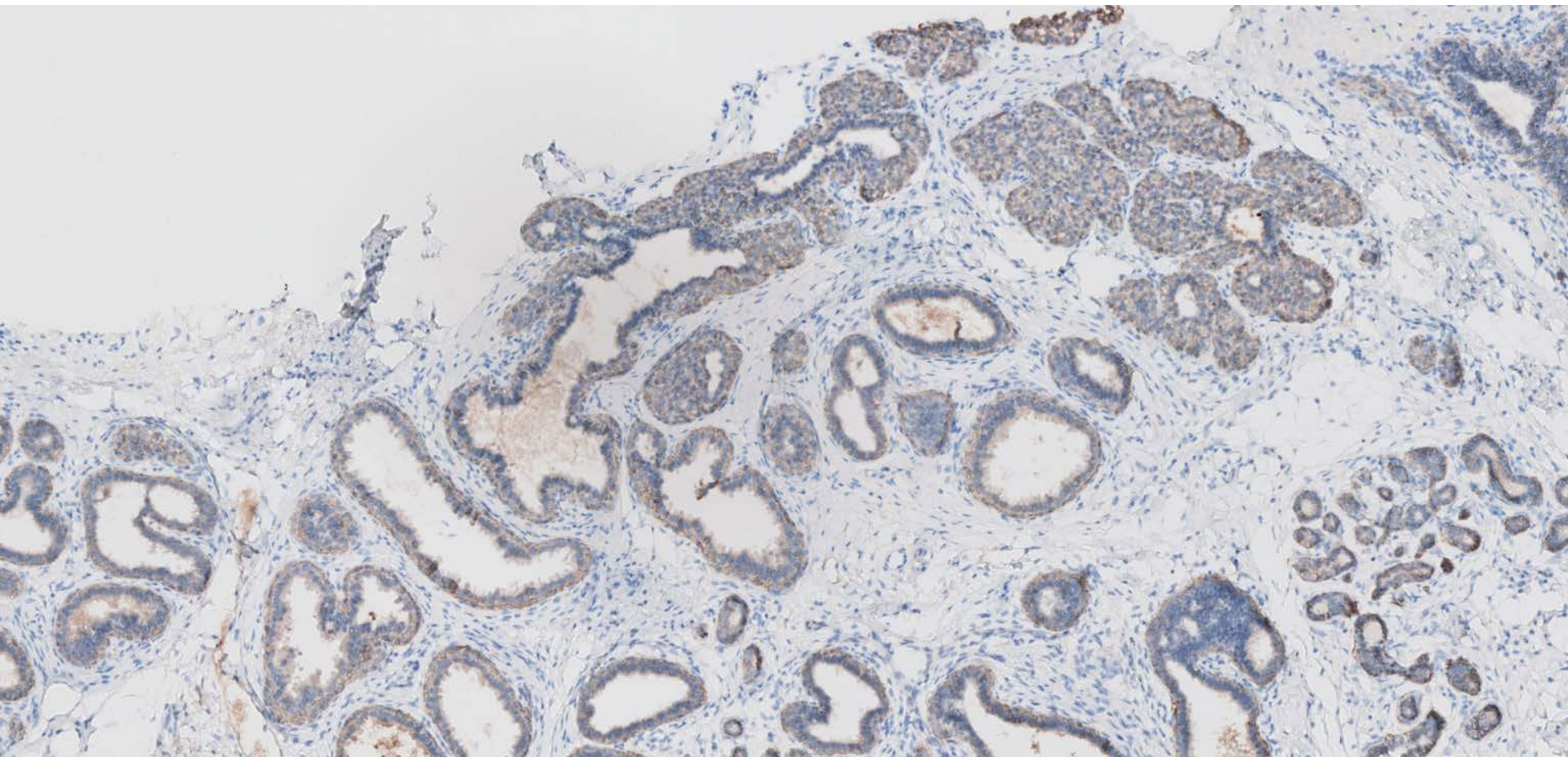




CK5

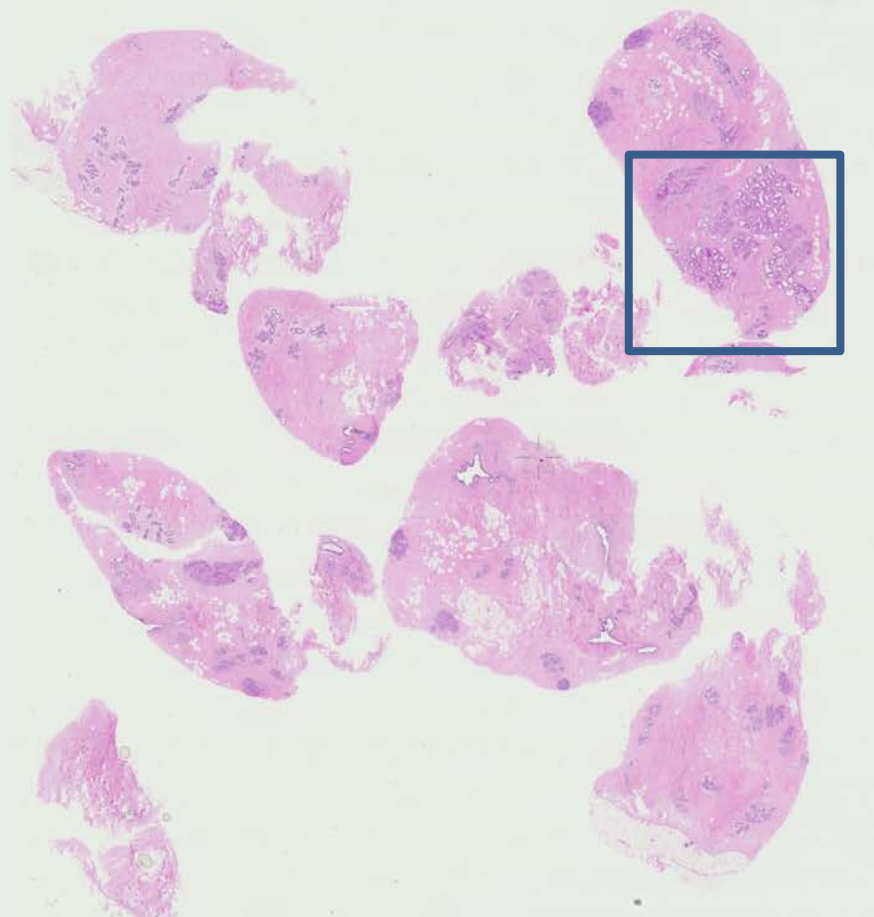


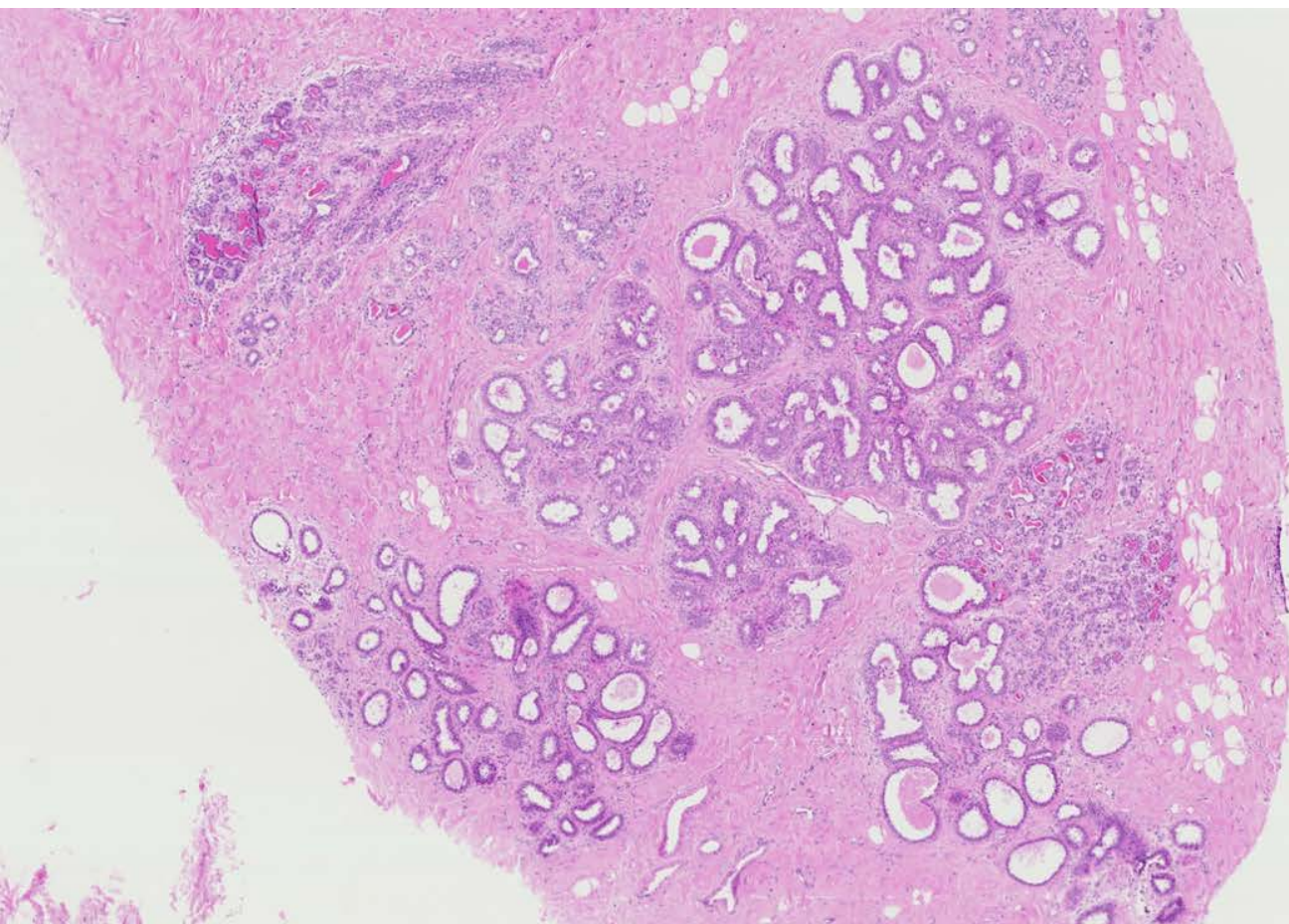
E-cadherine

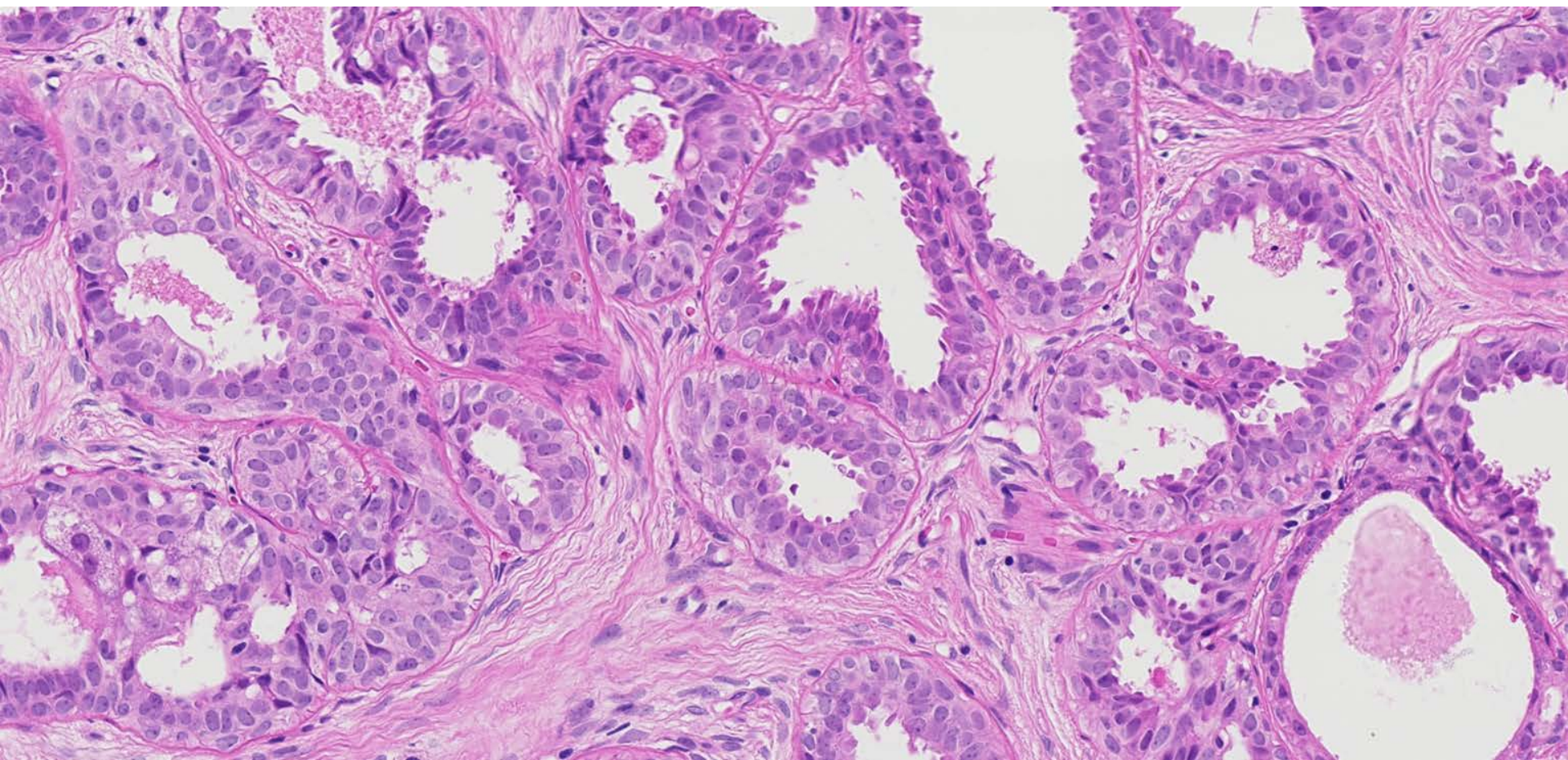


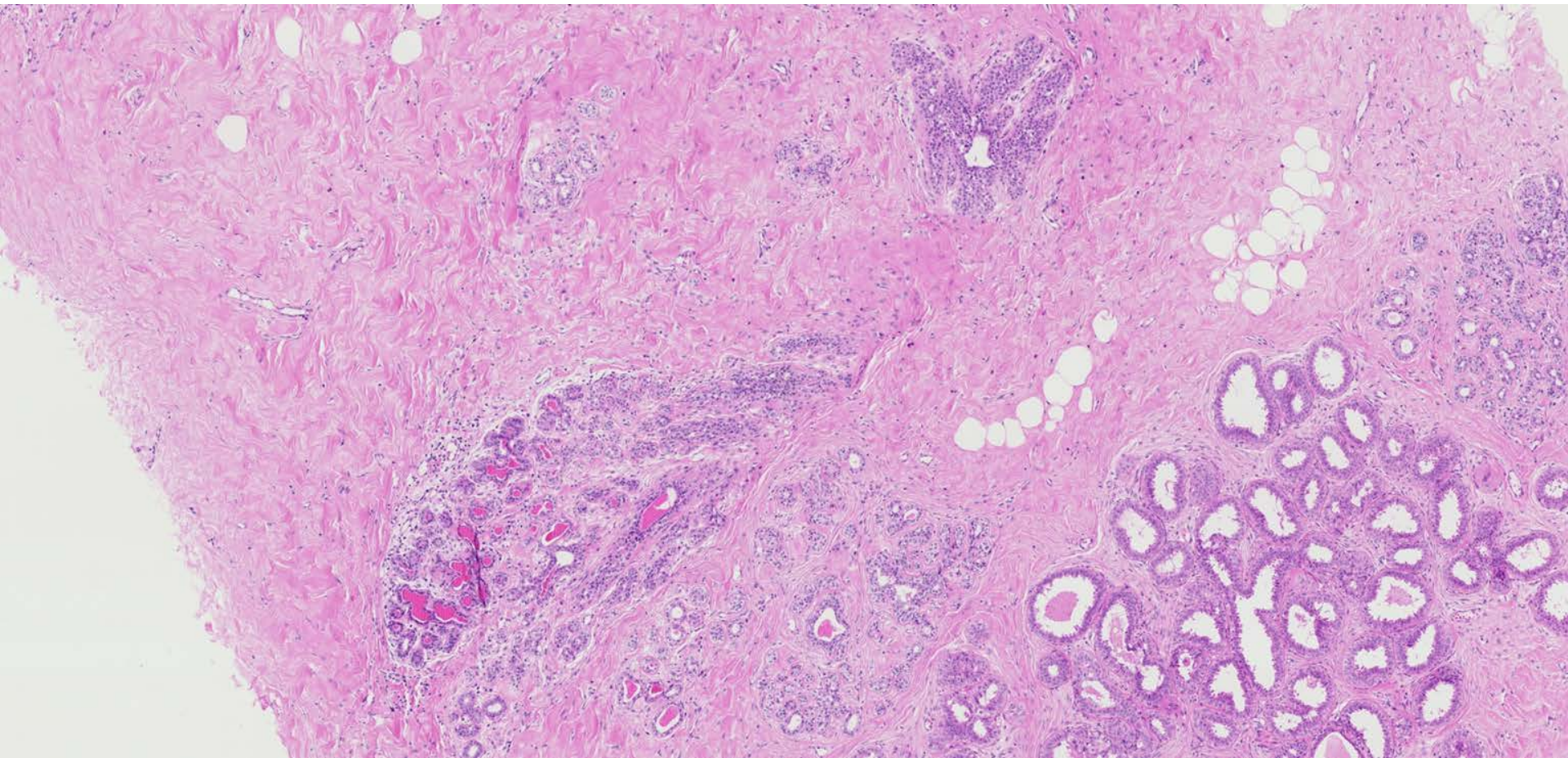
Casus 5a

Blunt duct adenose
(cilindercelveranderingen zonder
atypie) en lobulaire neoplasie

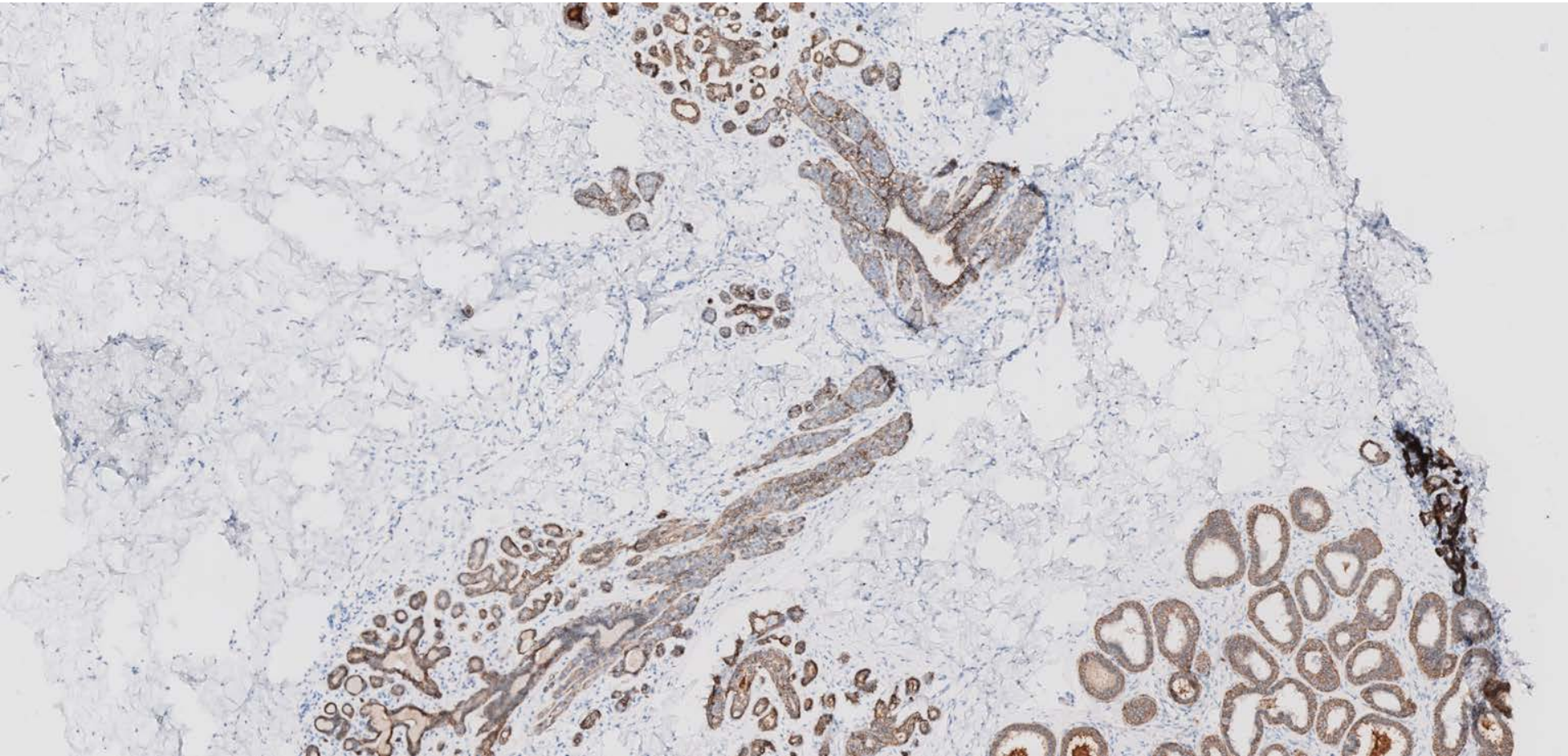


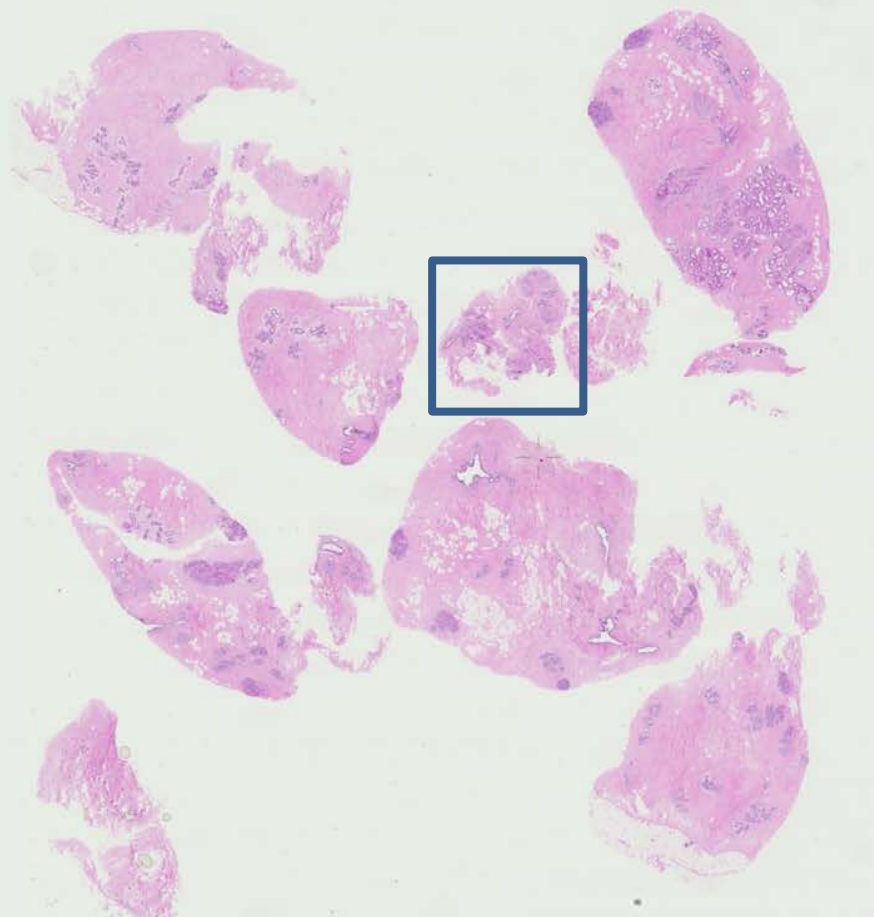


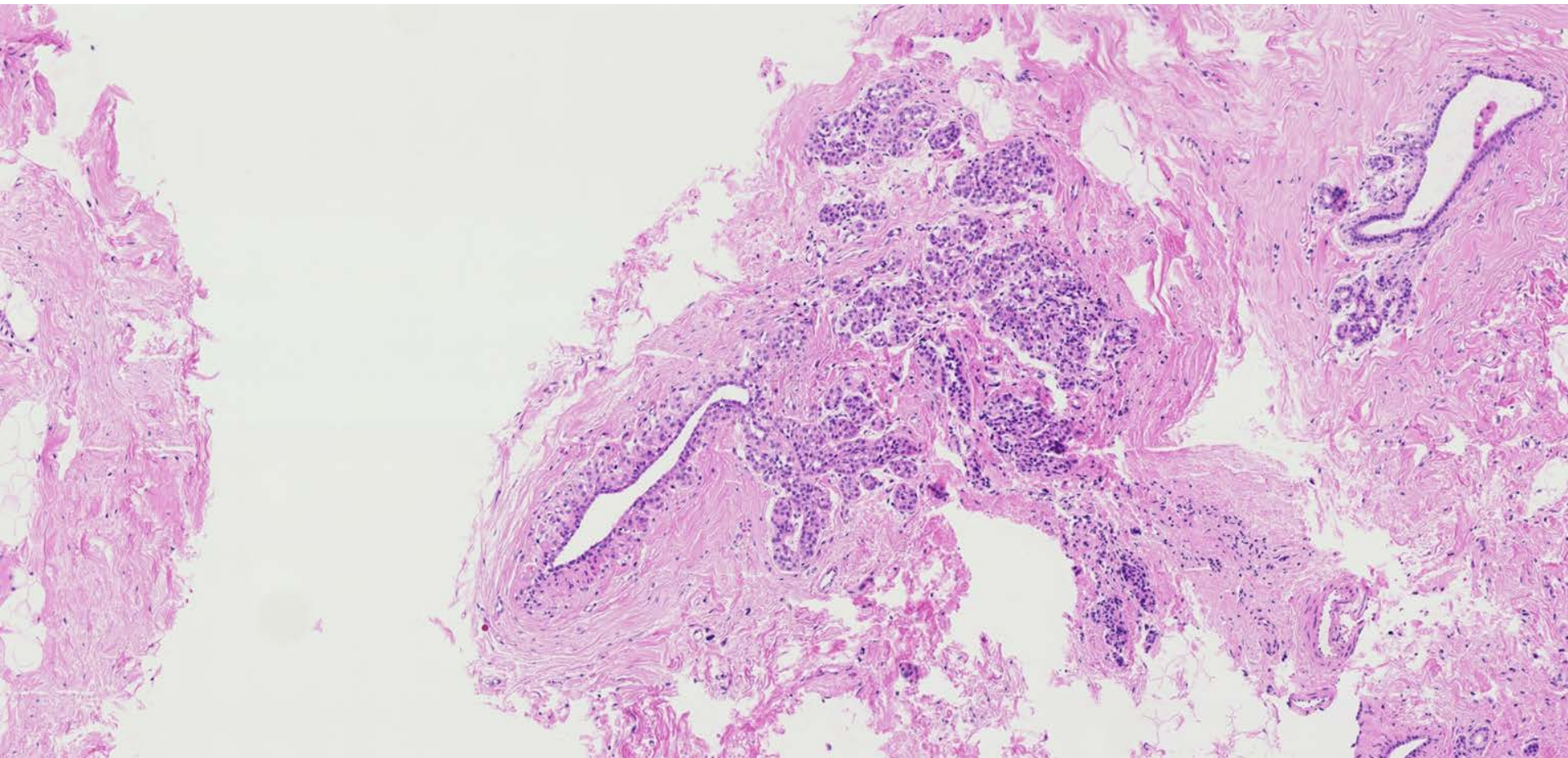




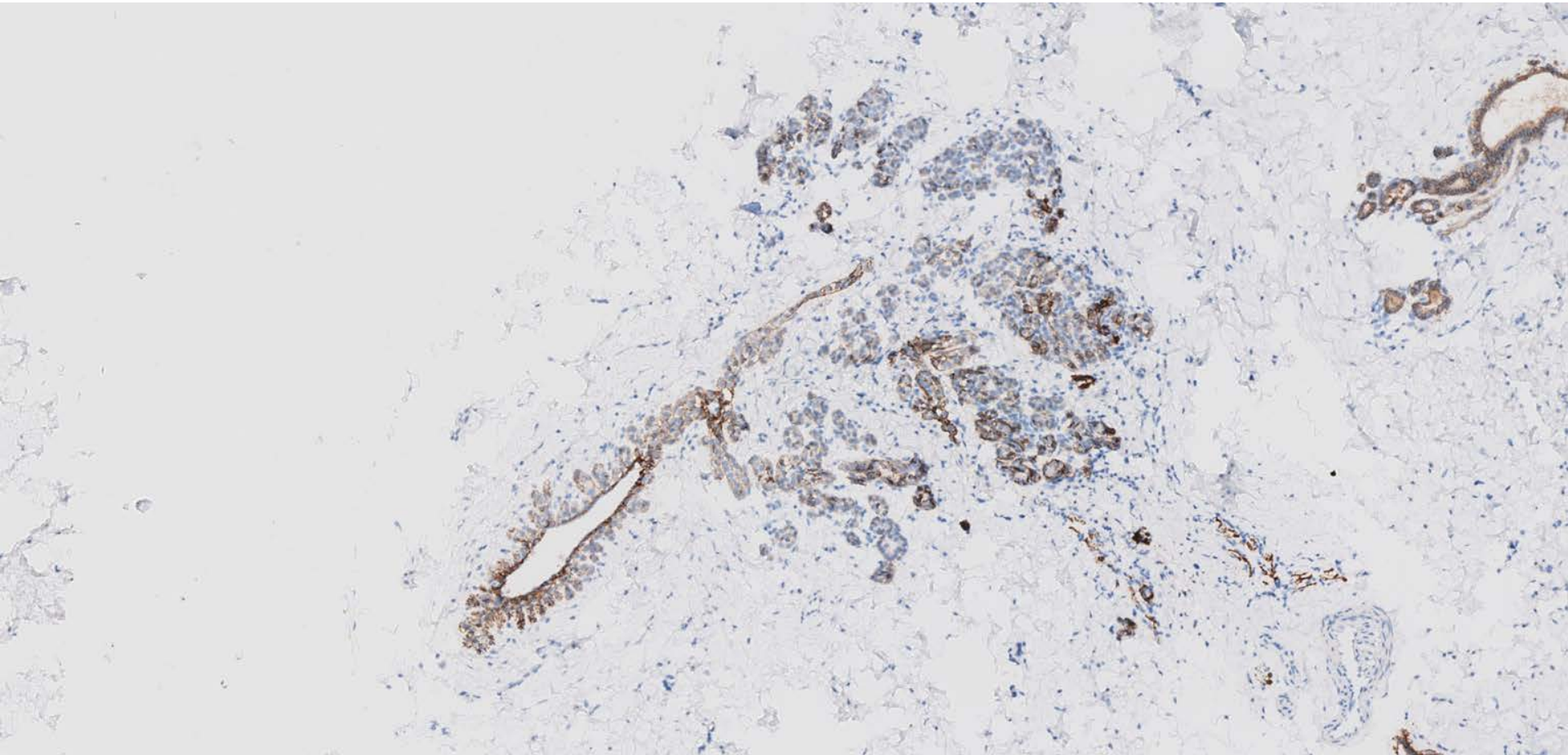
E-cadherine





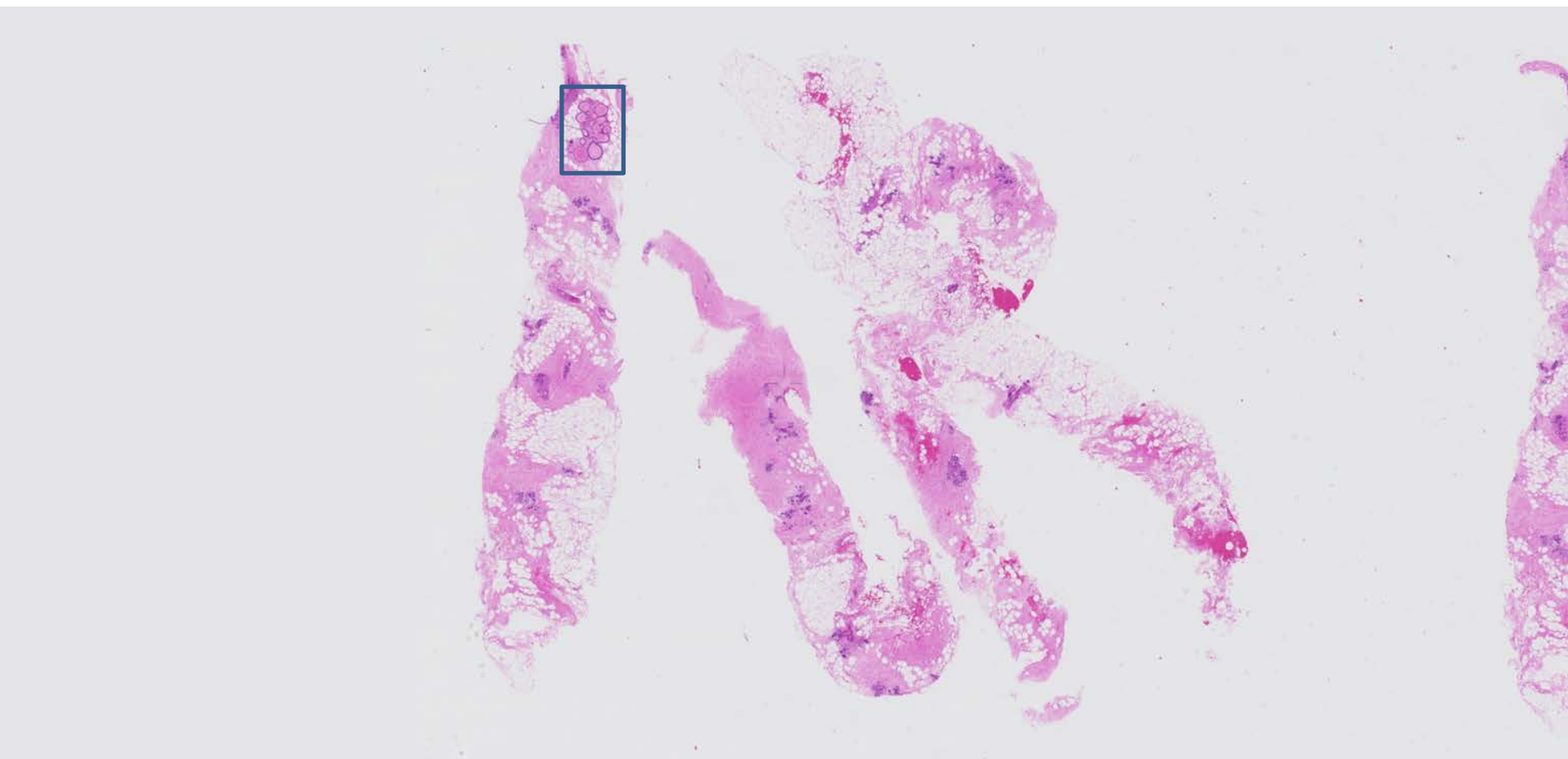


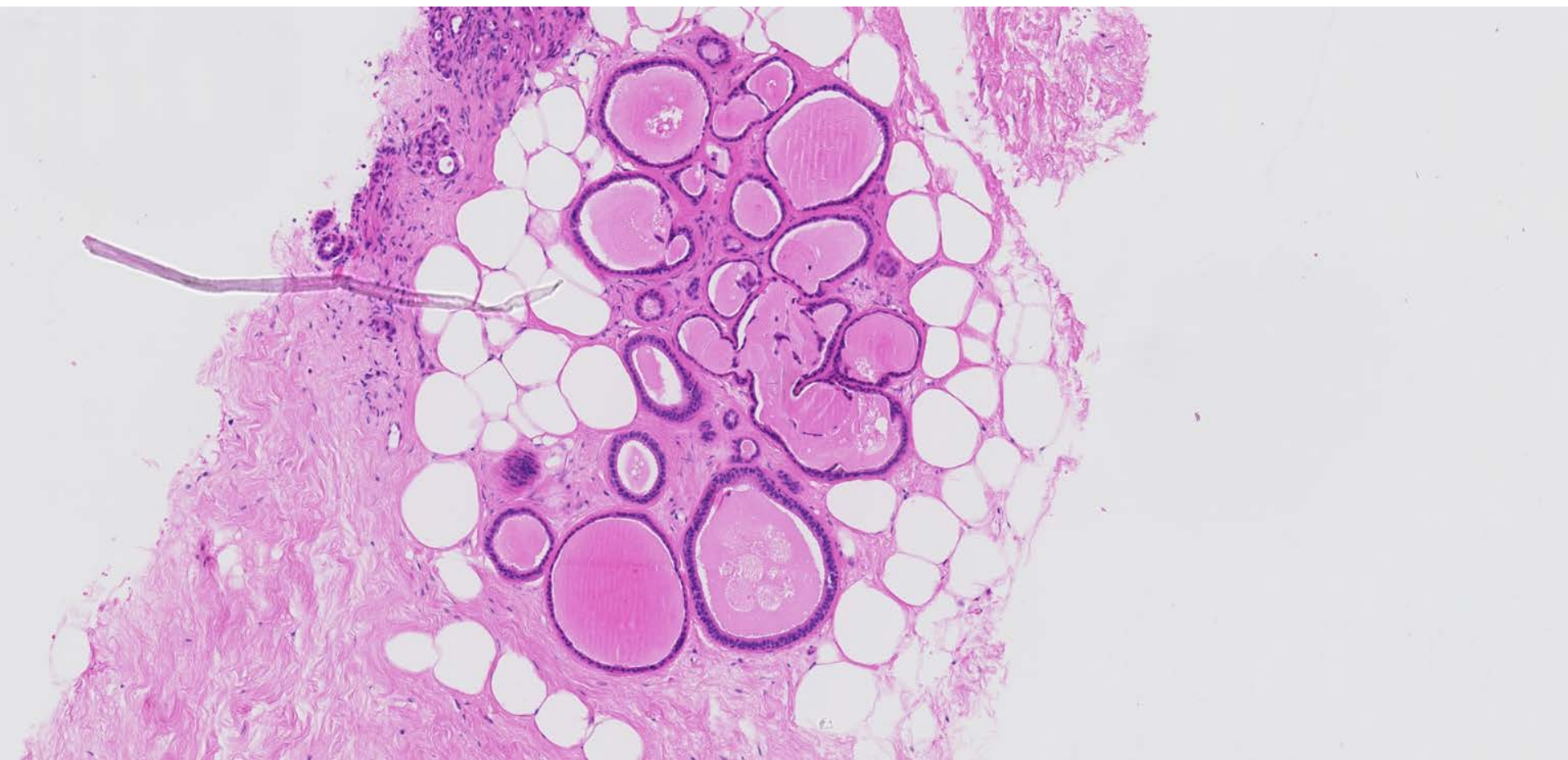
E-cadherine

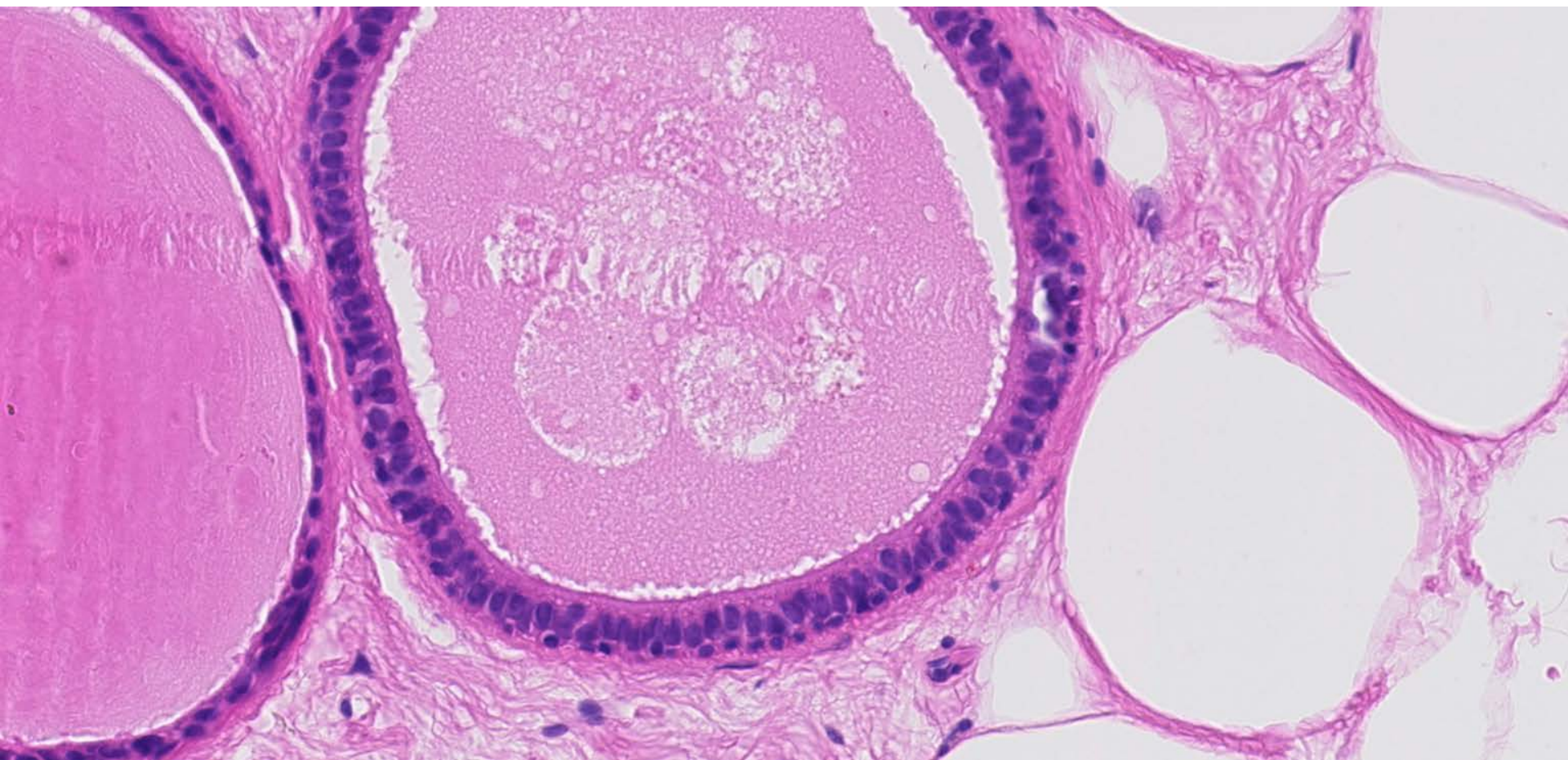


Casus 8

Cilindercellaemie zonder atypie

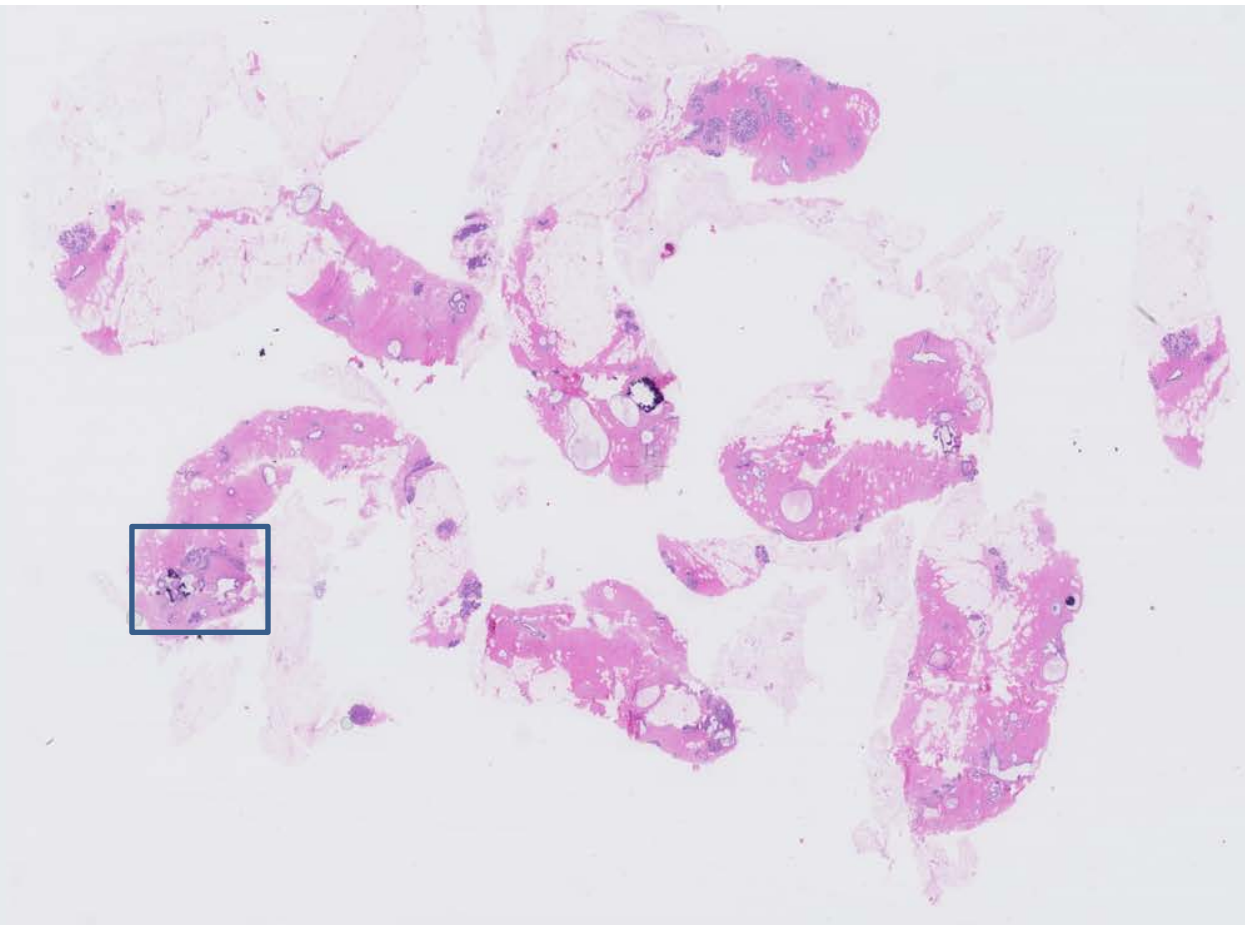


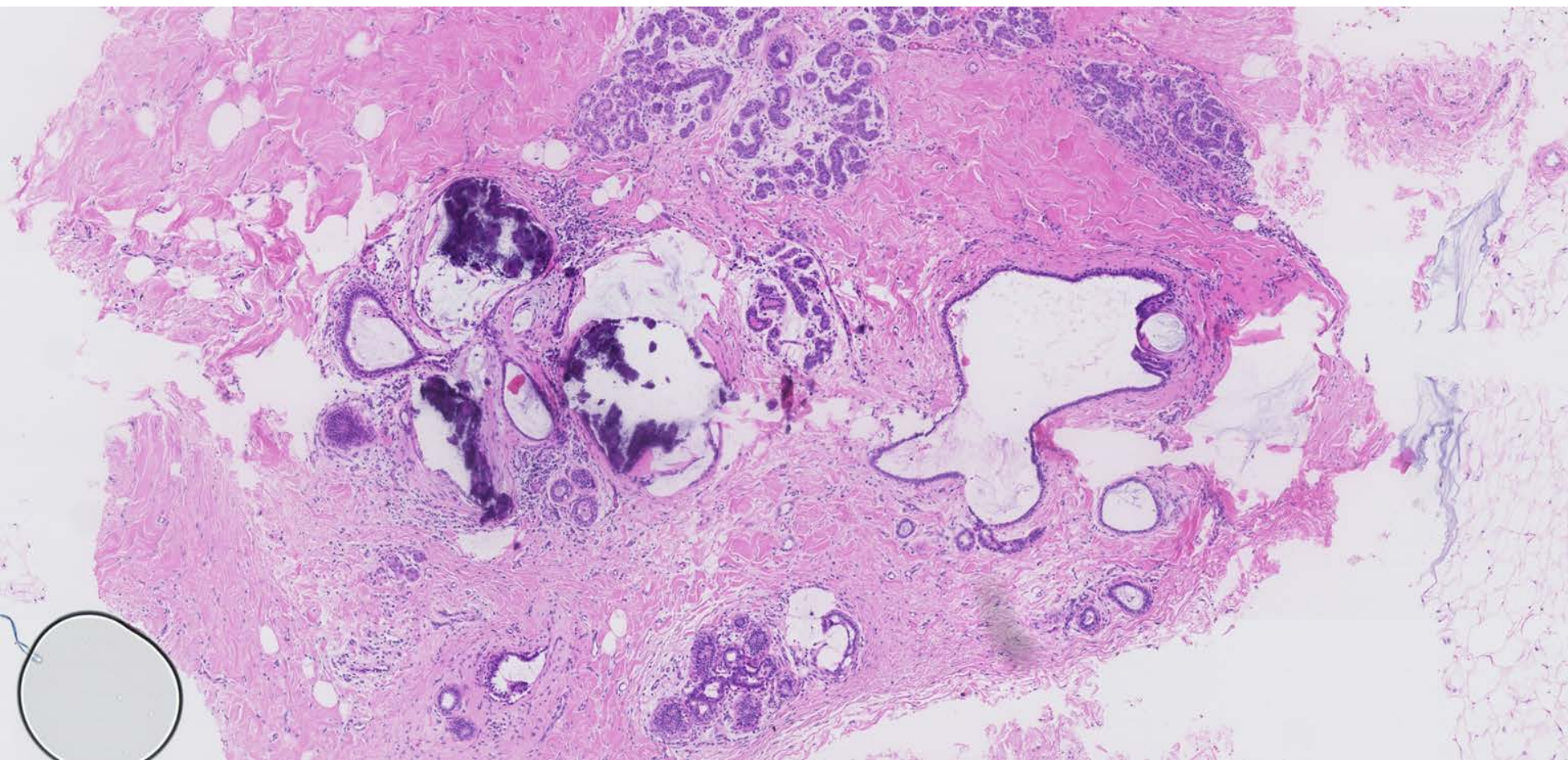


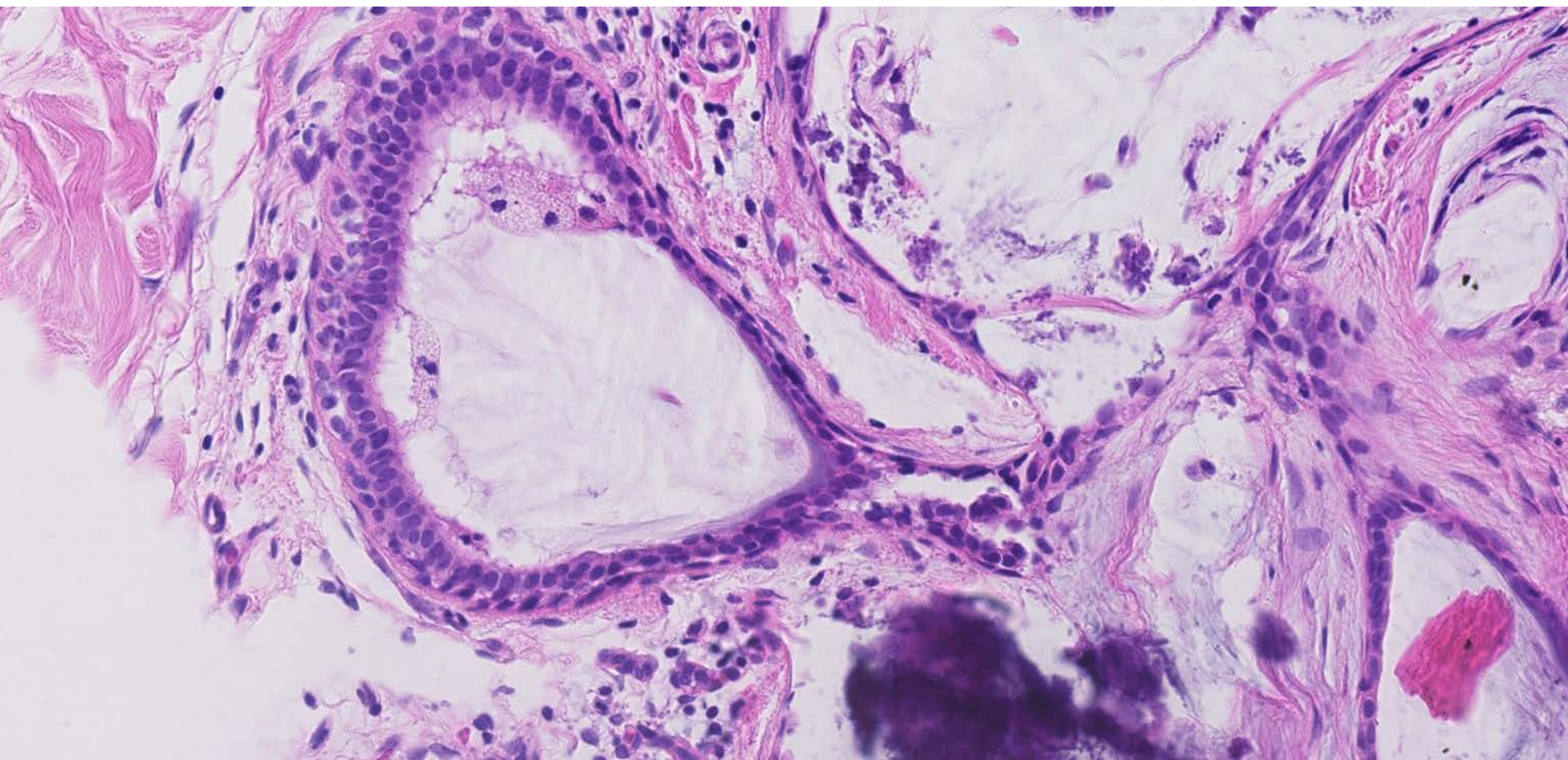


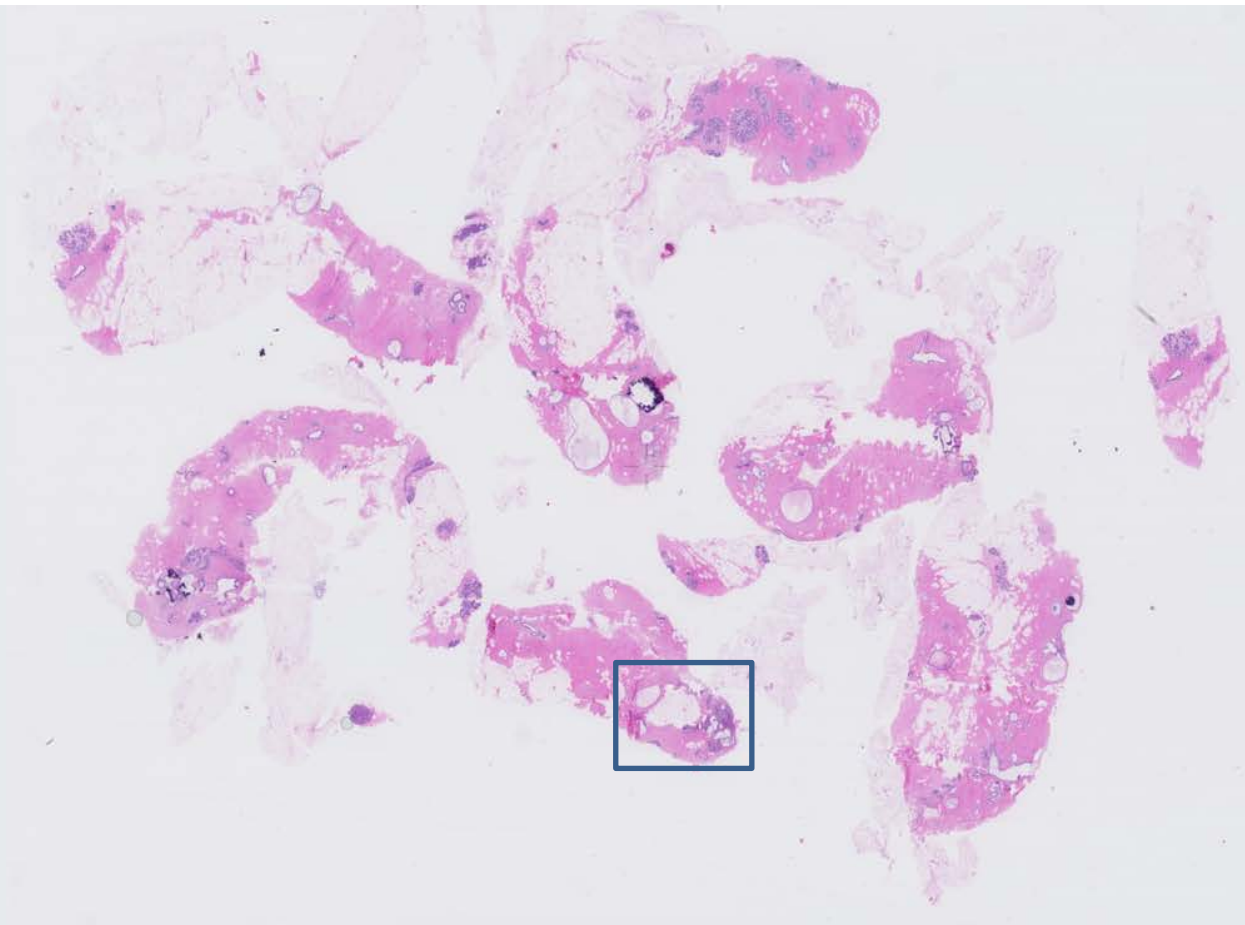
Casus 8a

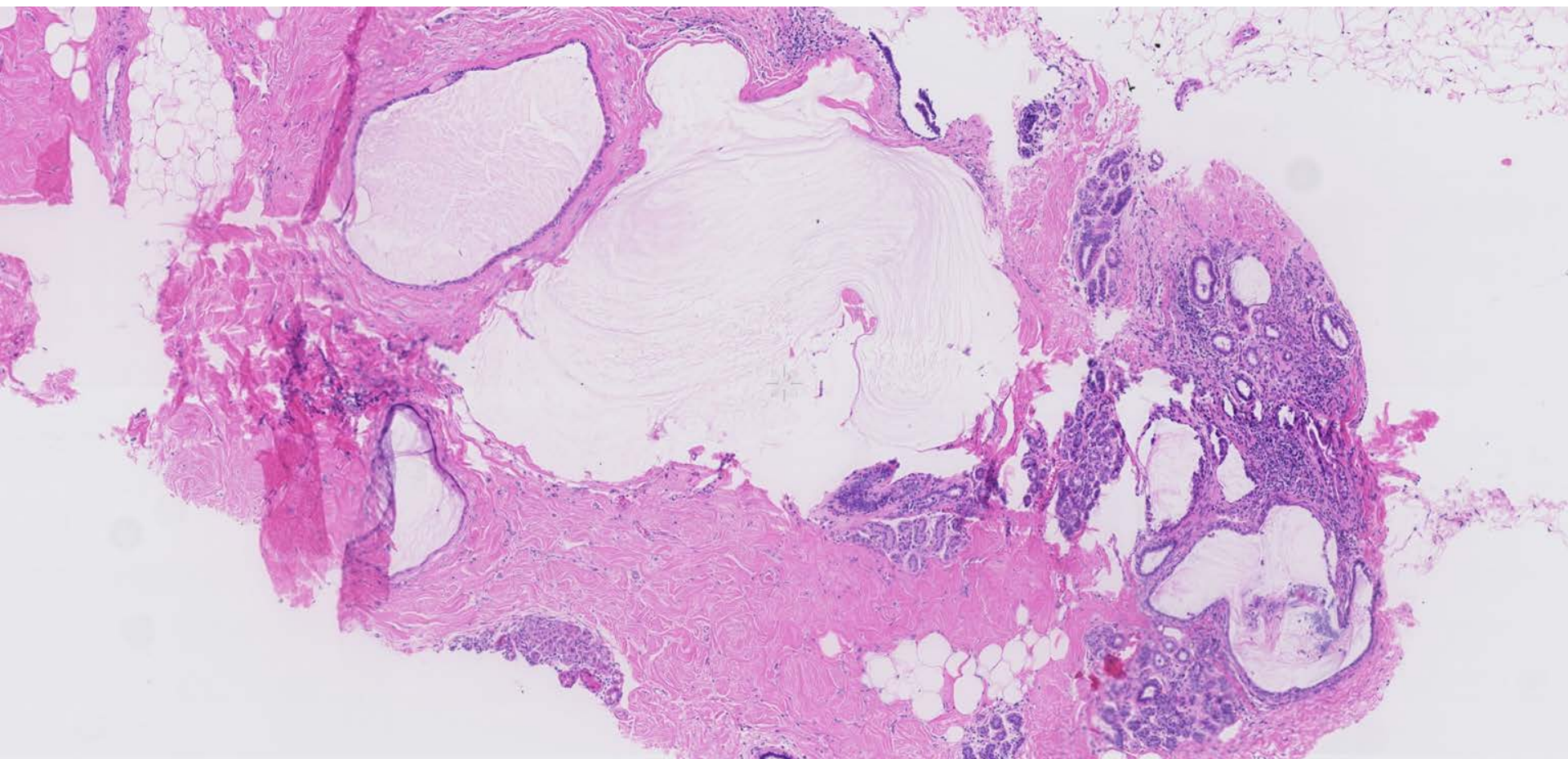
Cilindercellaemie zonder atypie
(mucineus type) met ook mucineuze
dissectie.





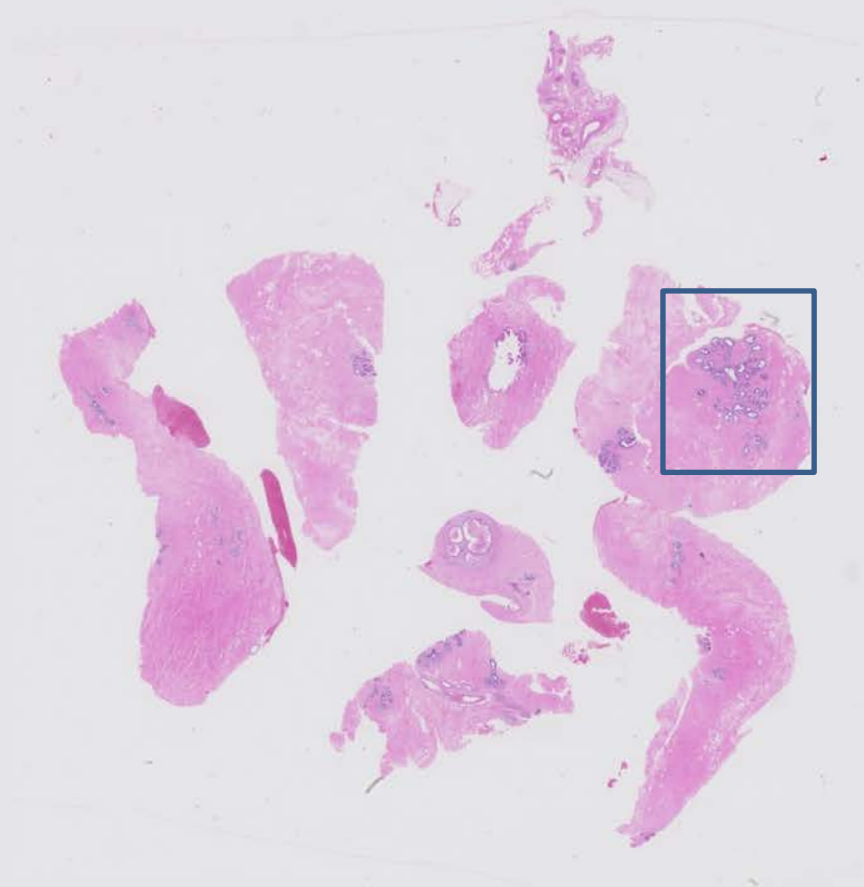


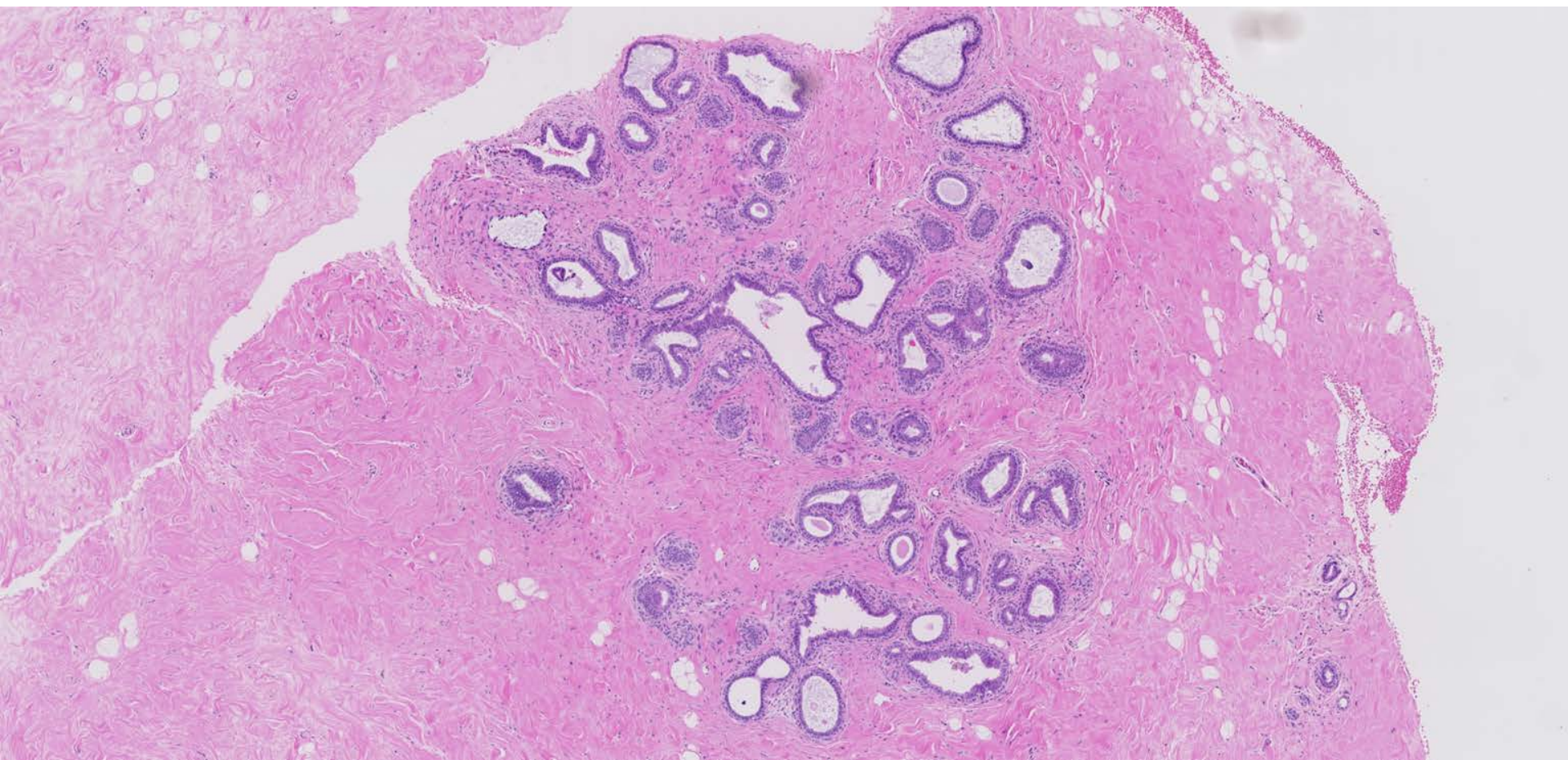


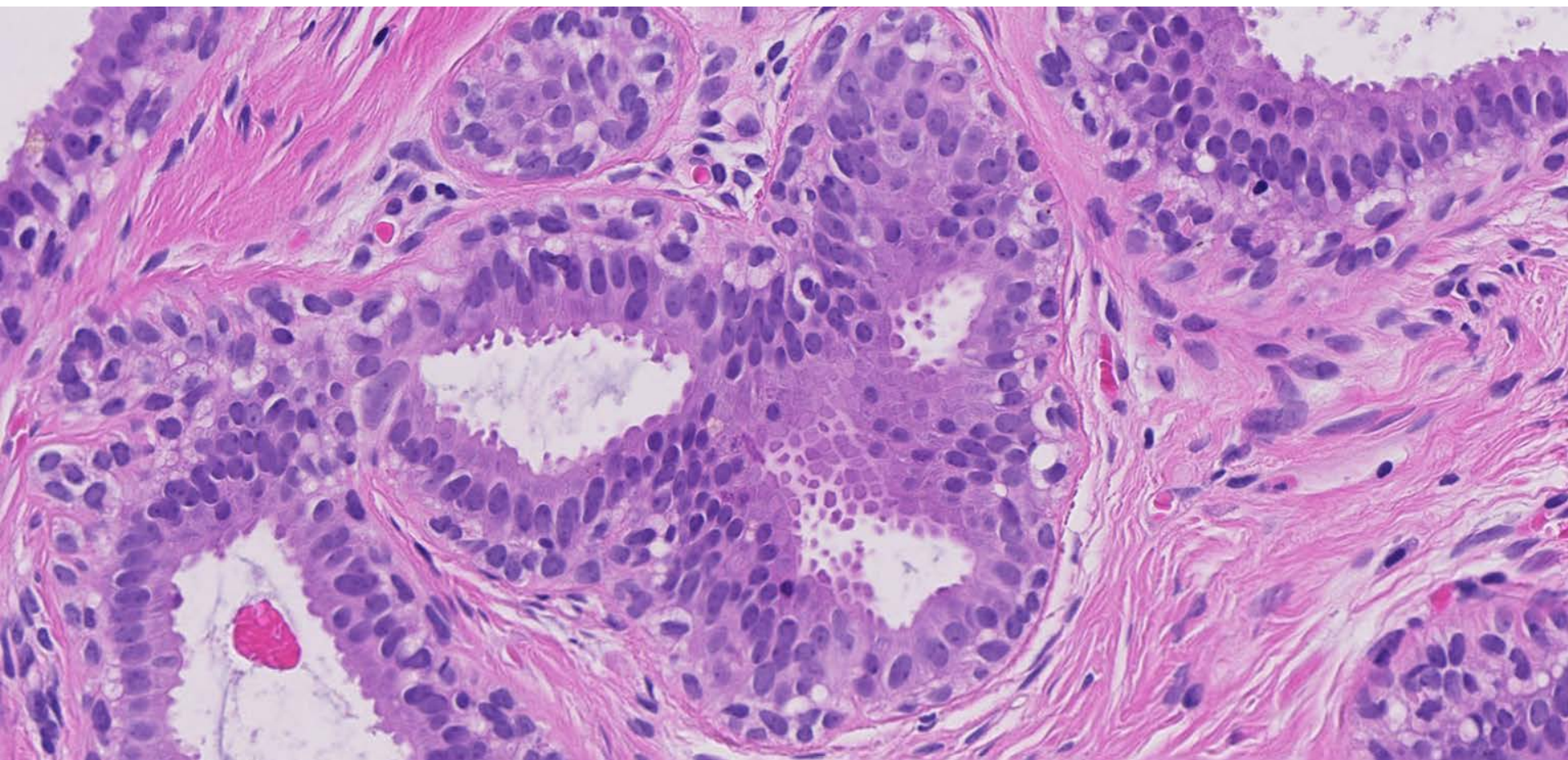


Casus 10

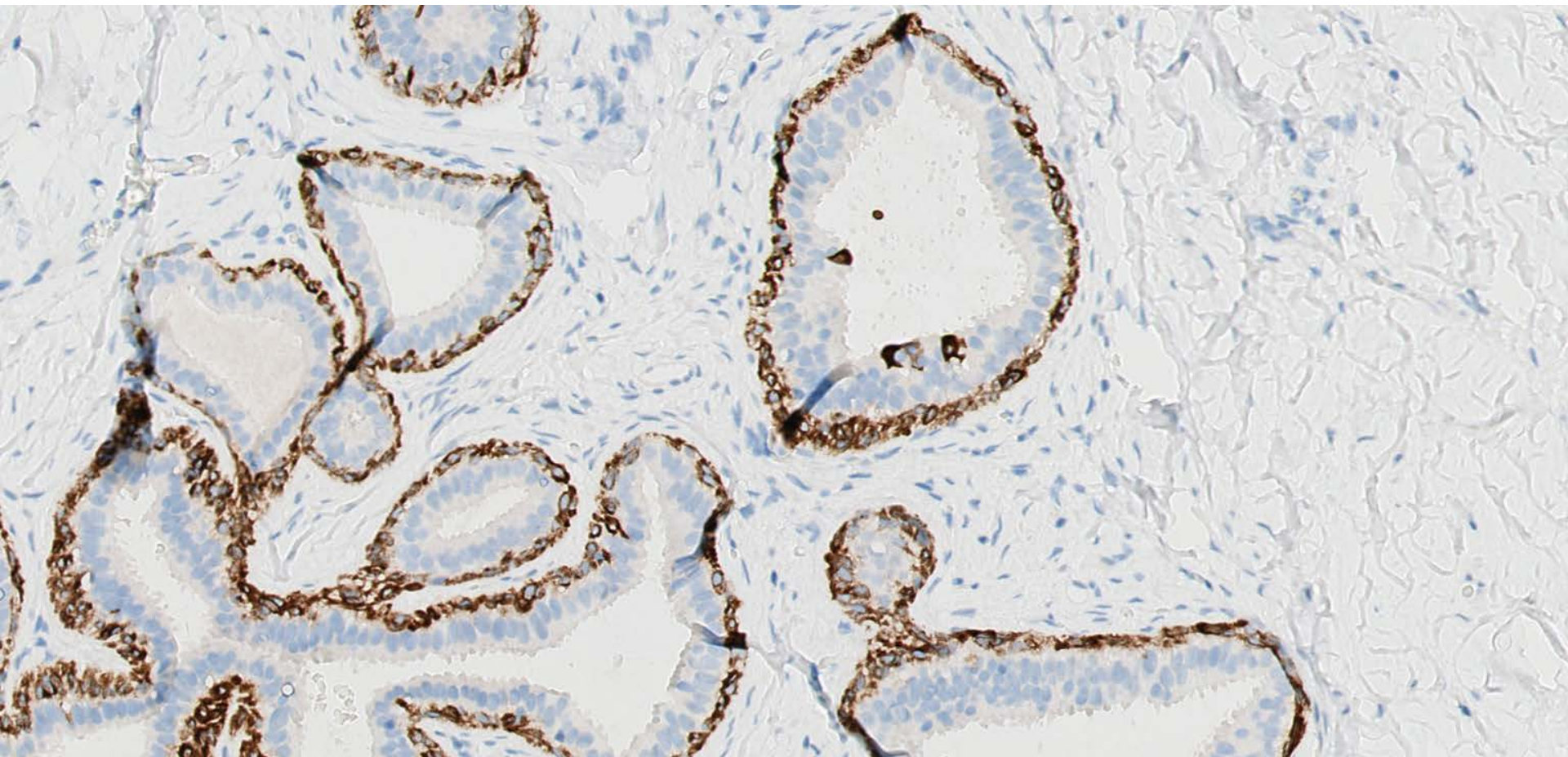
Blunt duct adenose
(cilindercelveranderingen zonder
atypie)



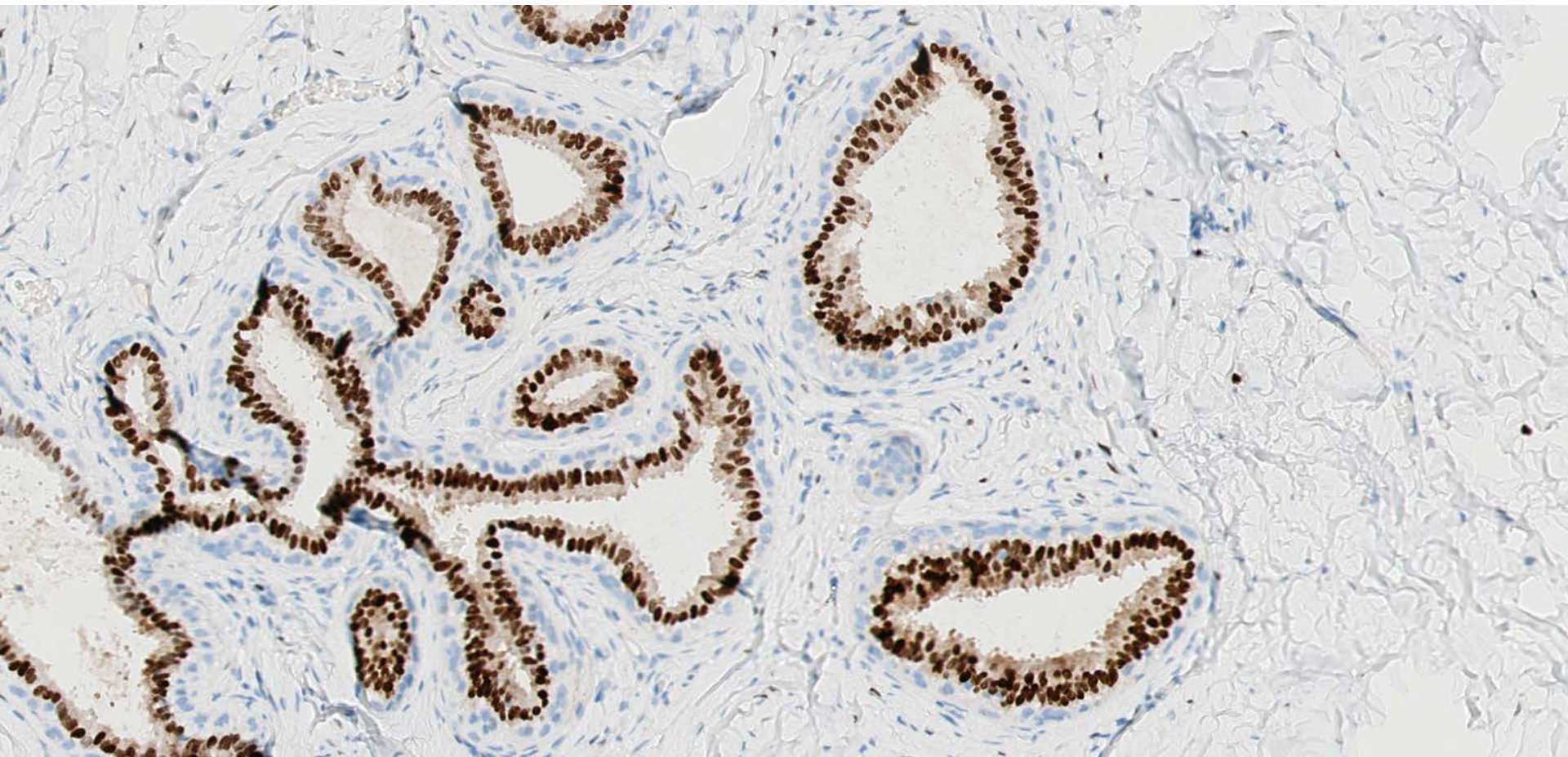




CK5



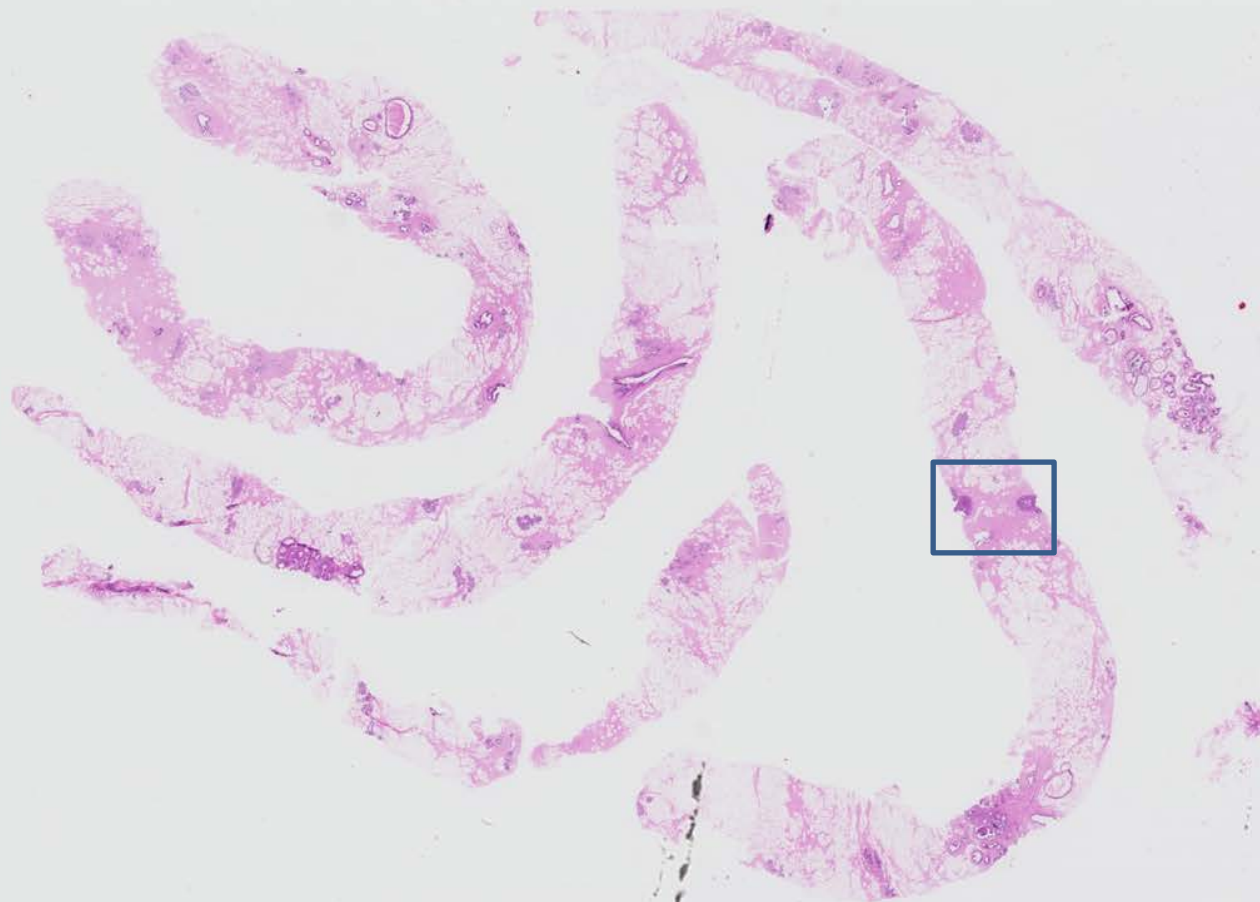
ER

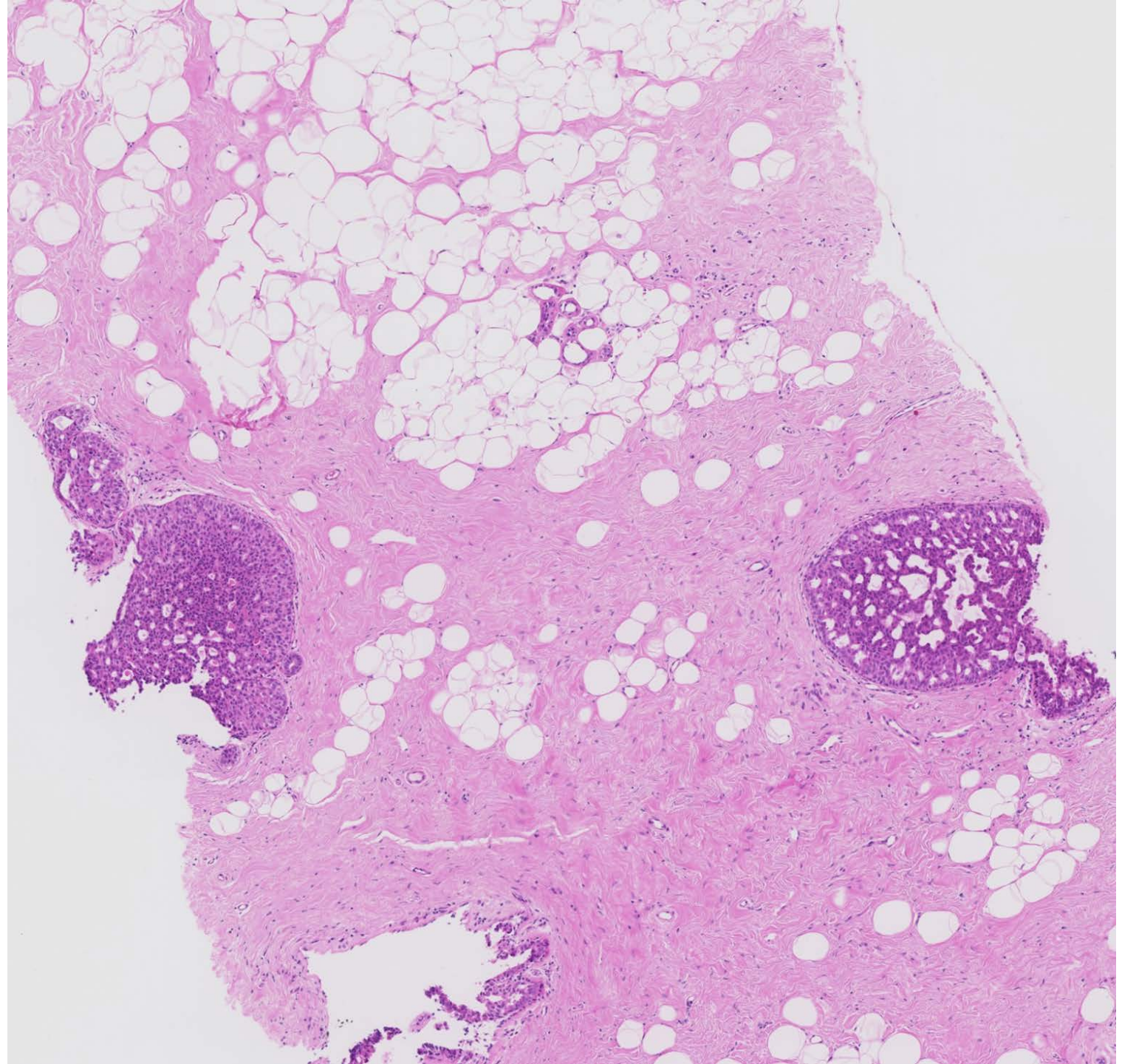


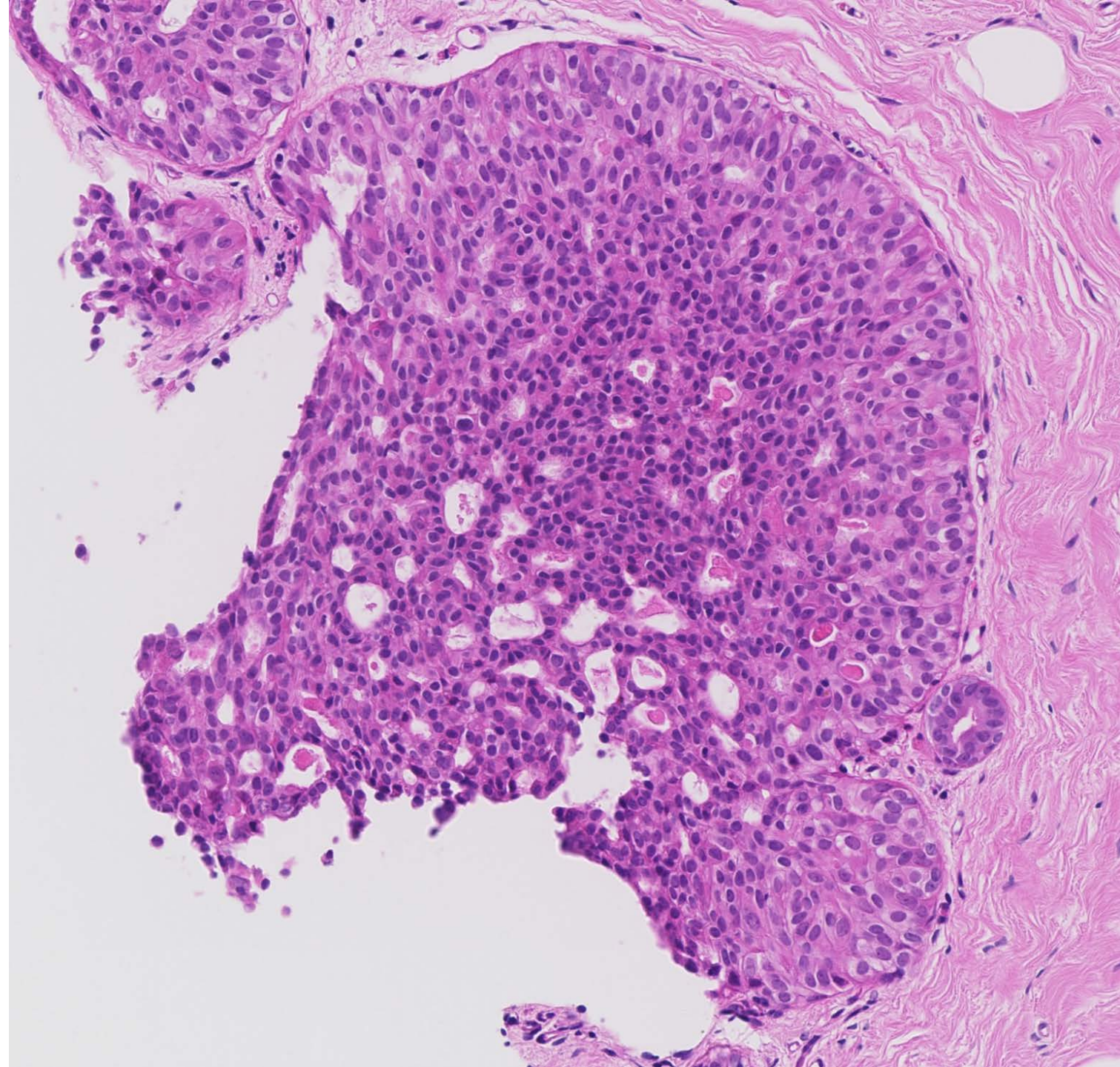
Casus 10a

Hyperplasie, blunt duct adenose, een cilindercellaemie met atypie met focaal neiging tot beginnende architecturele atypie (derhalve verdacht voor ADH) en lobulaire neoplasie

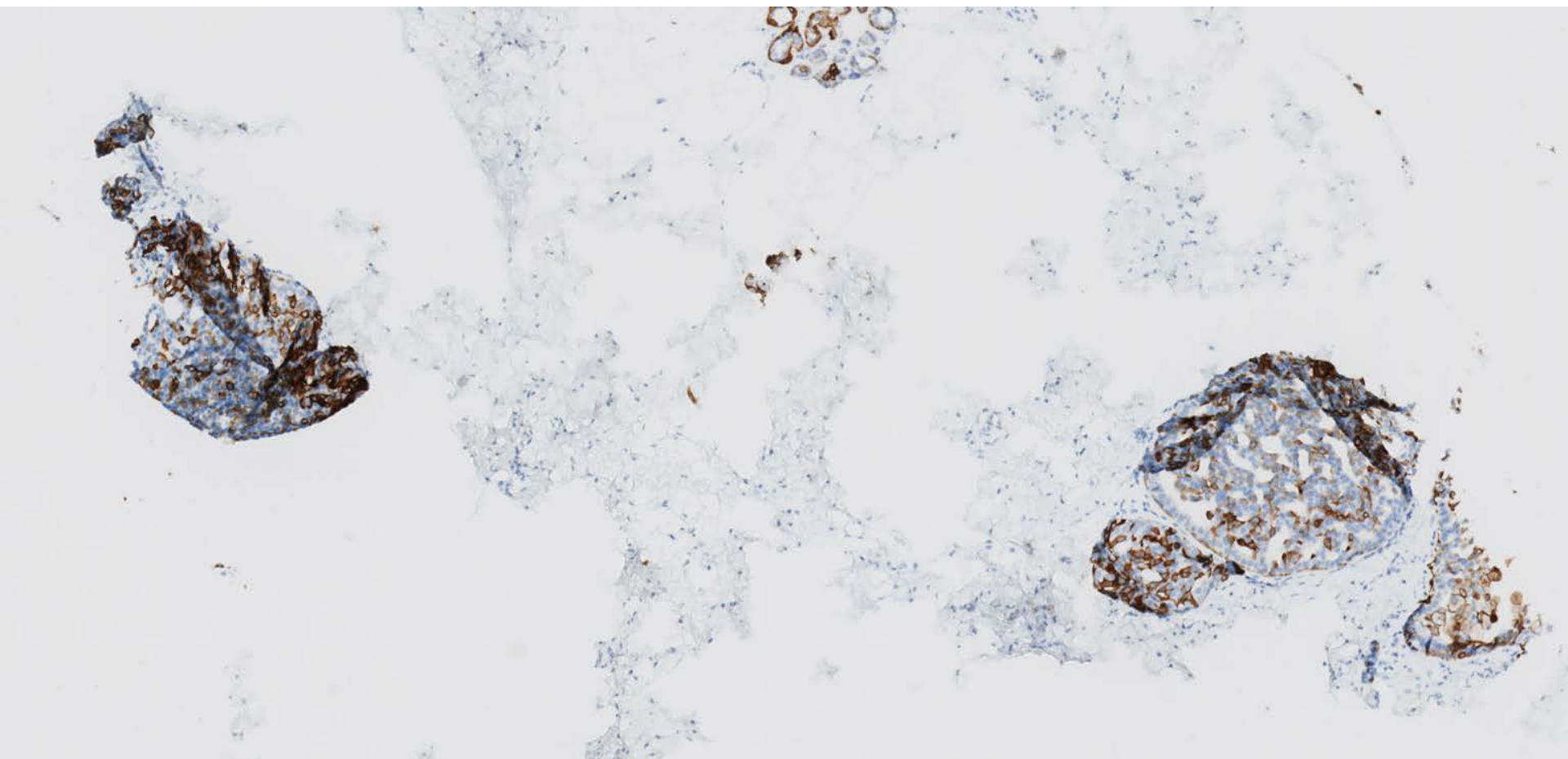
In de follow up ADH.



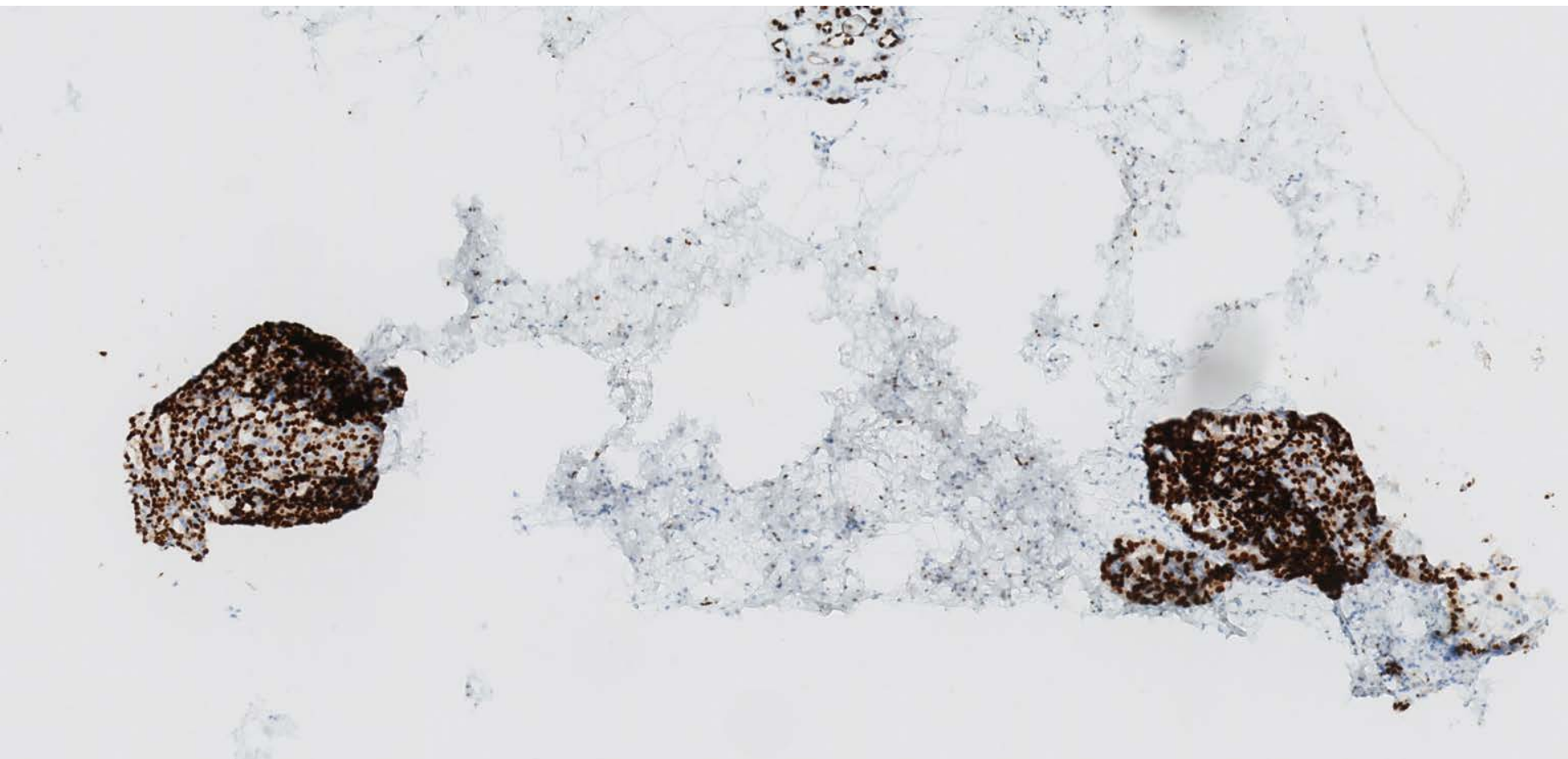


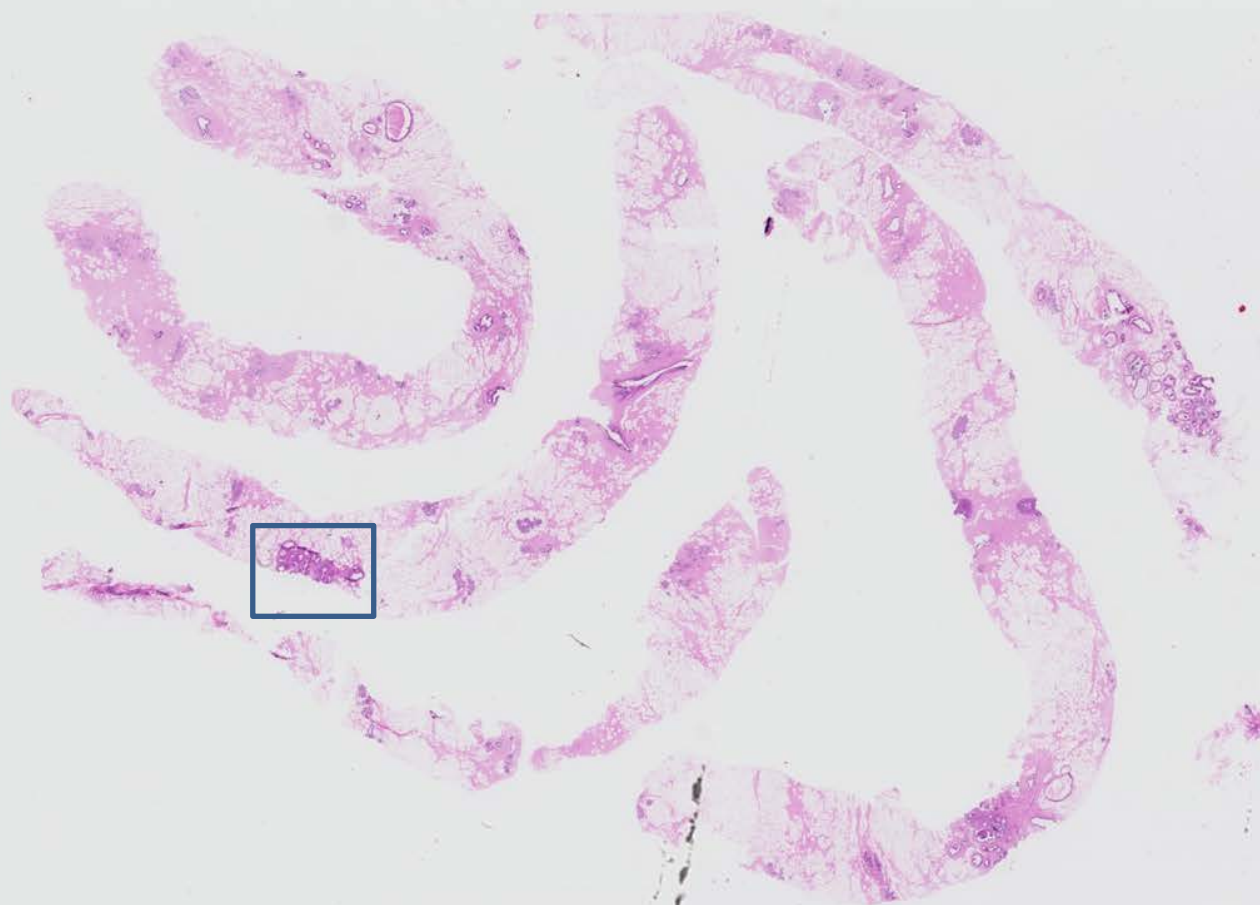


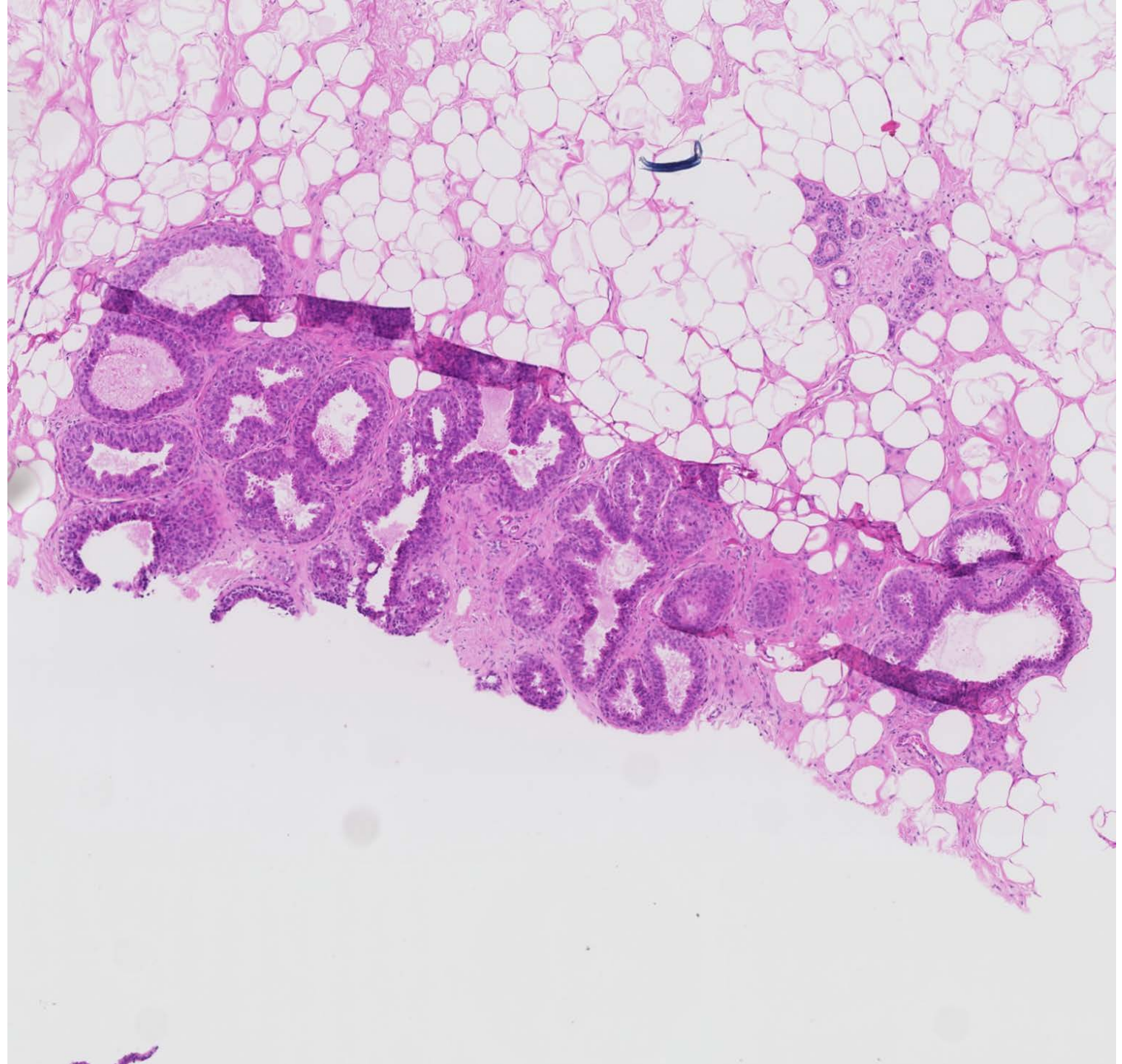
CK5



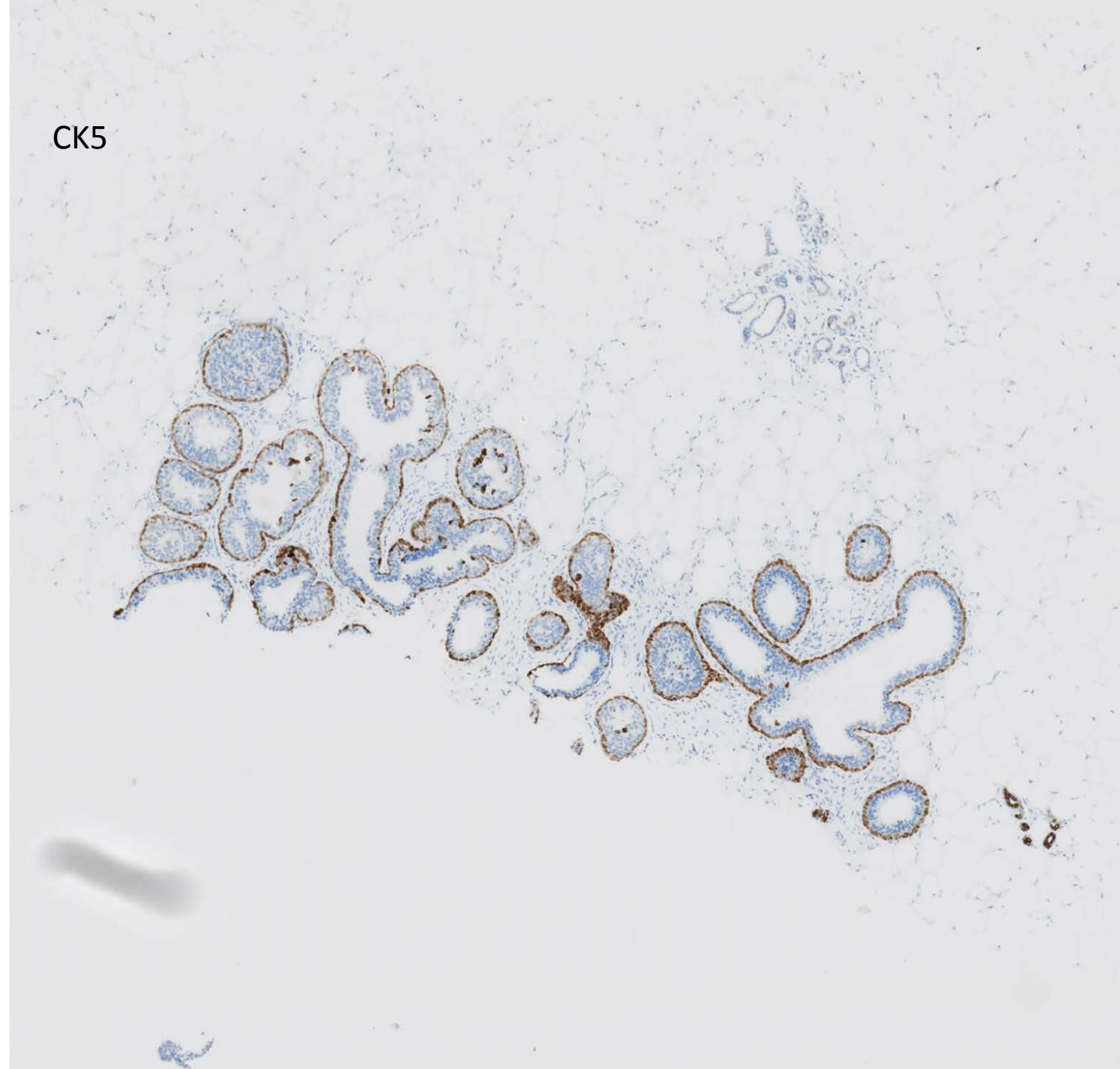
ER





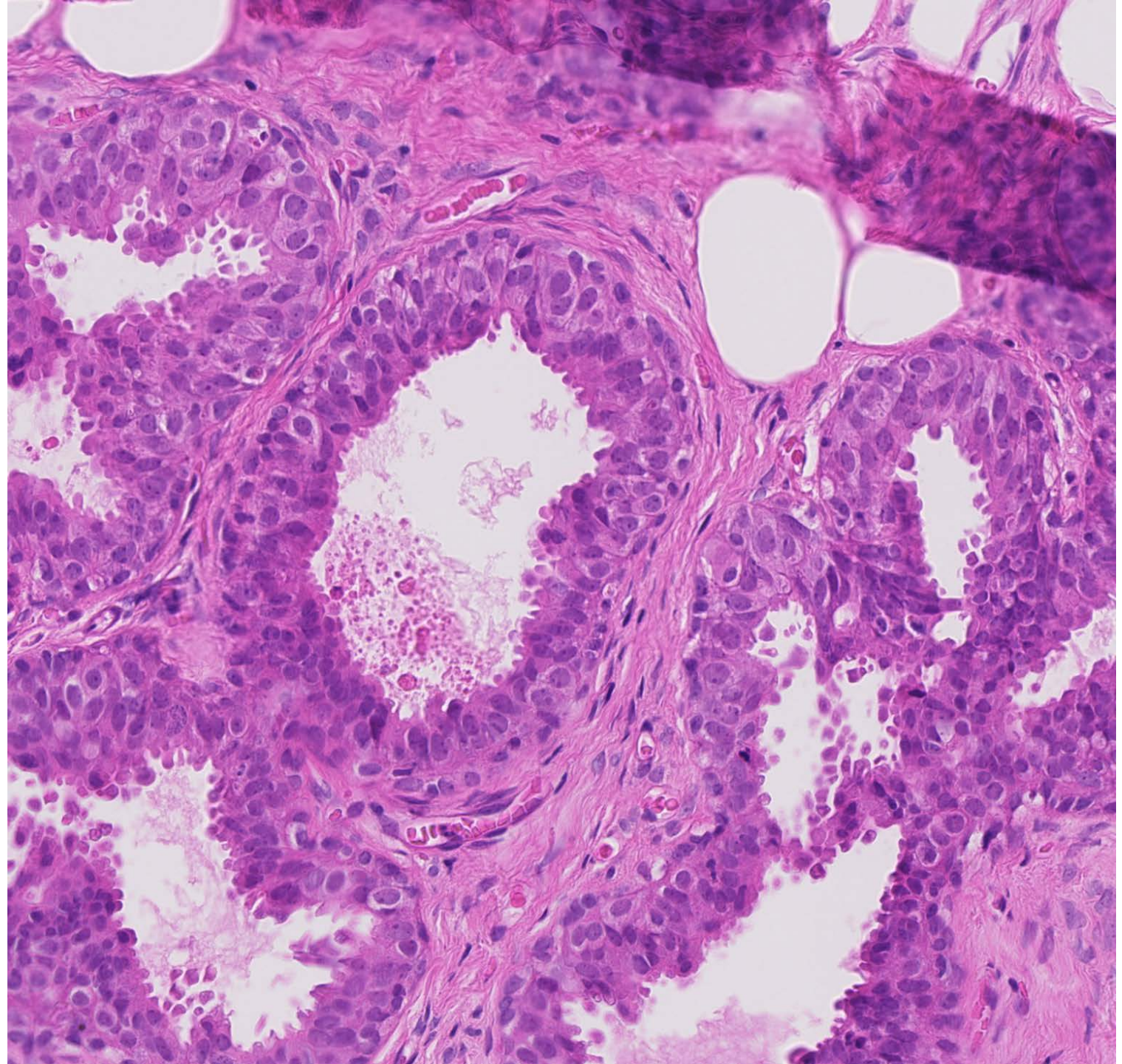


CK5

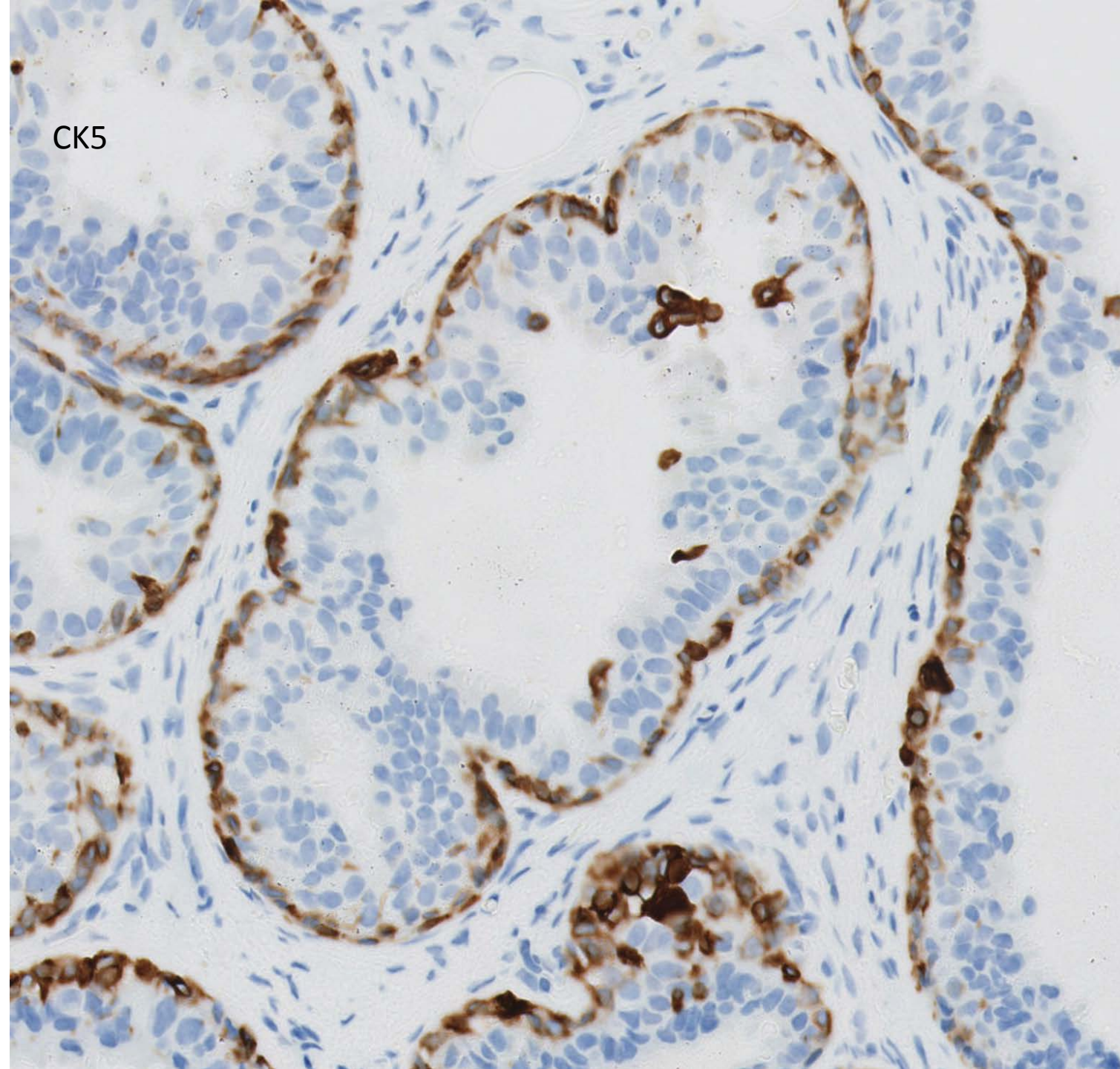


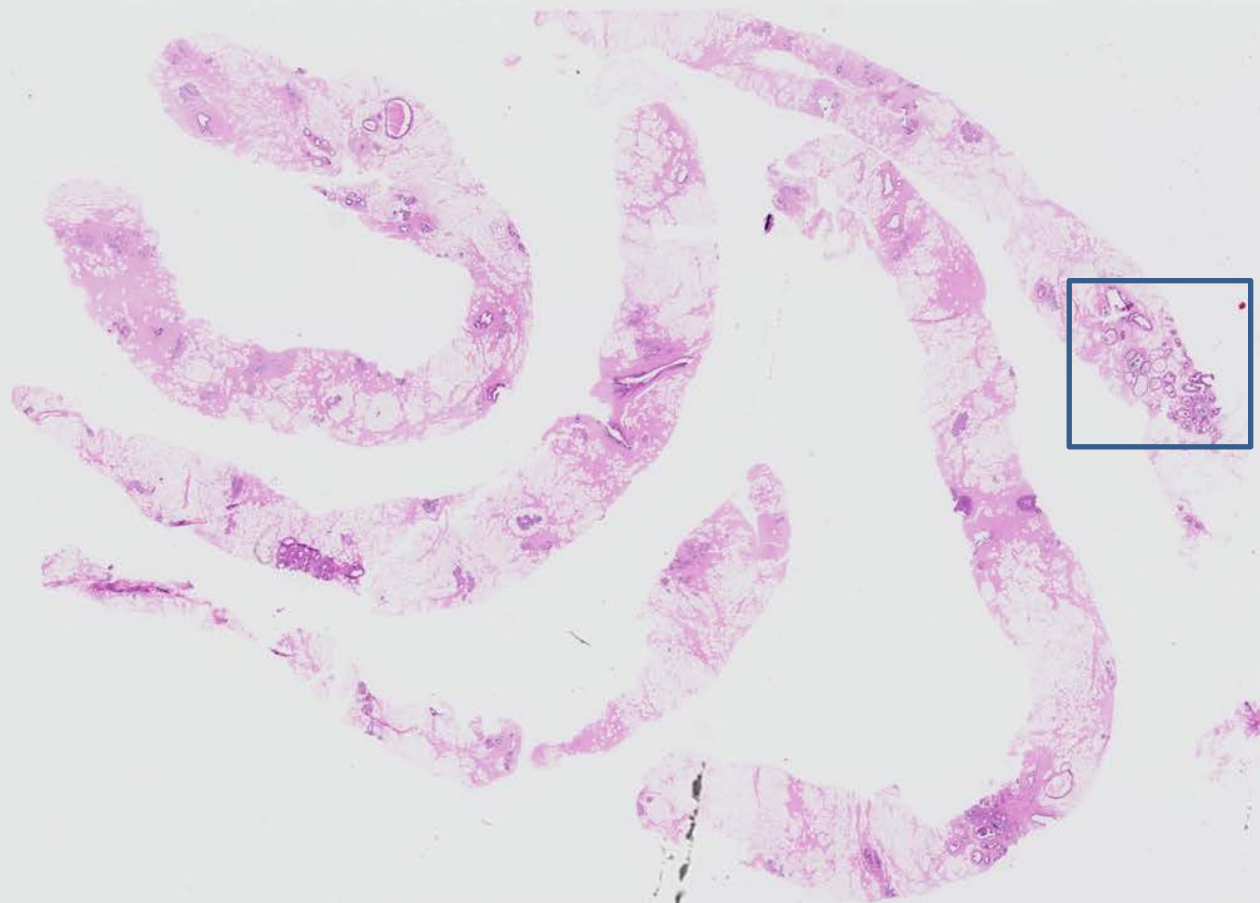
ER

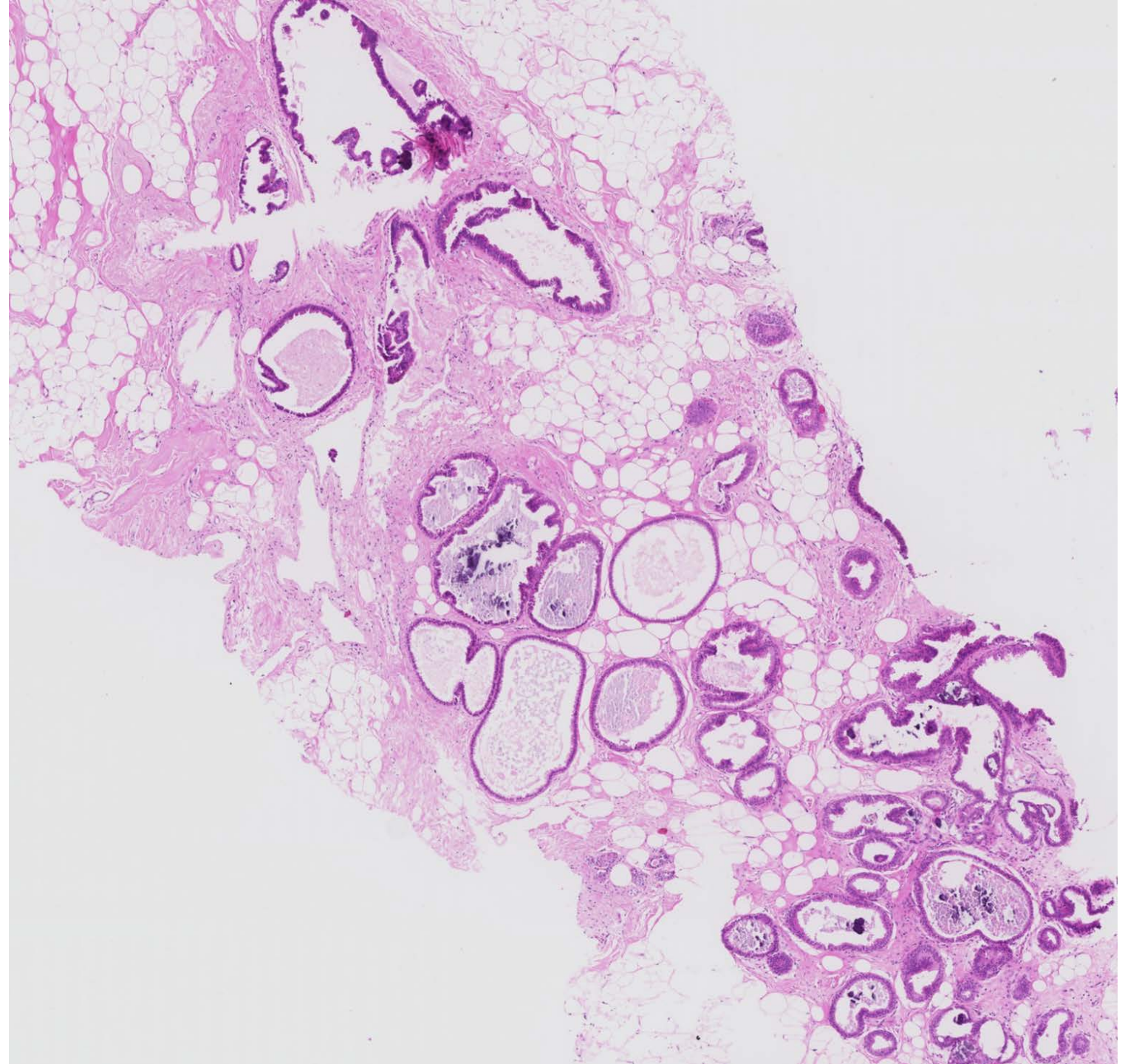




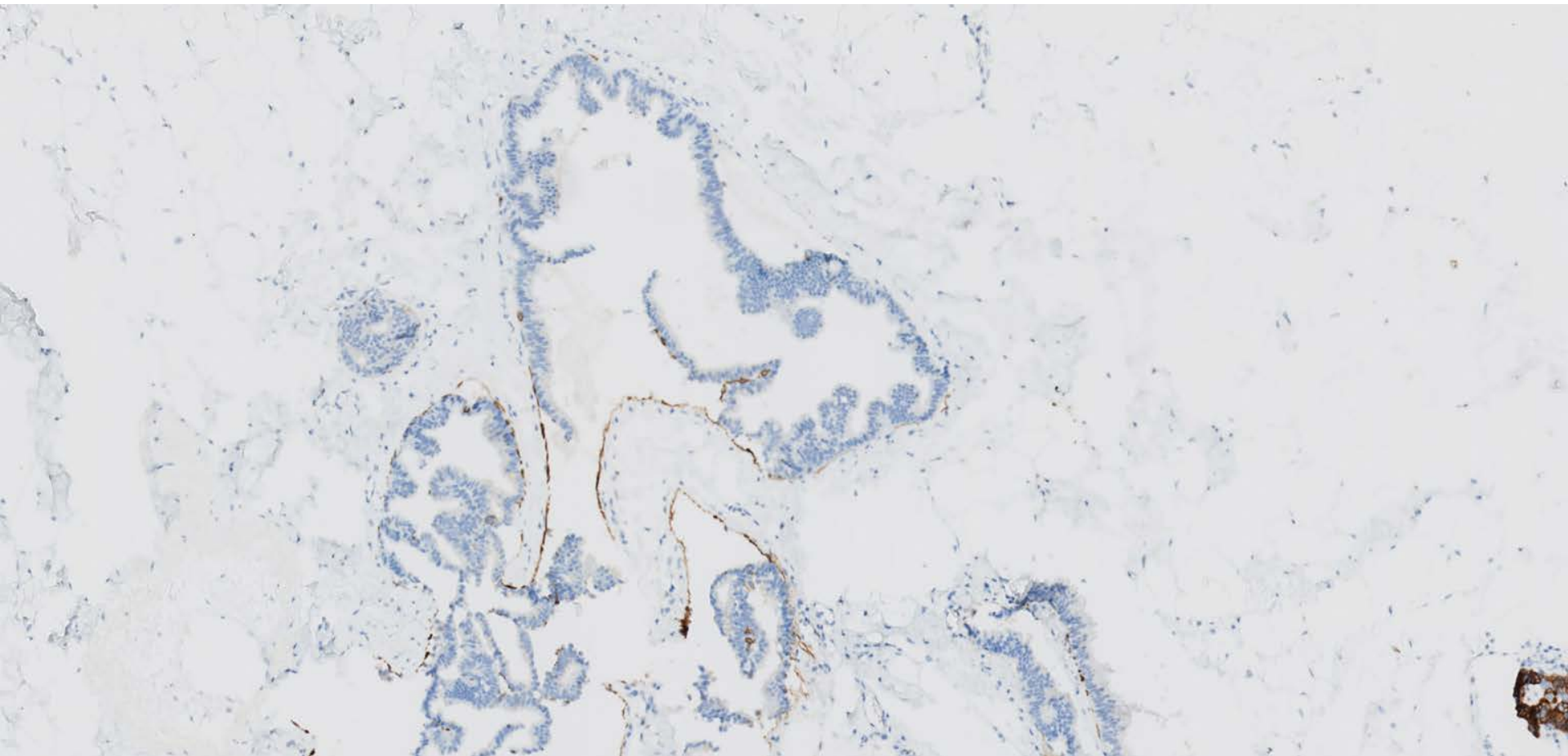
CK5



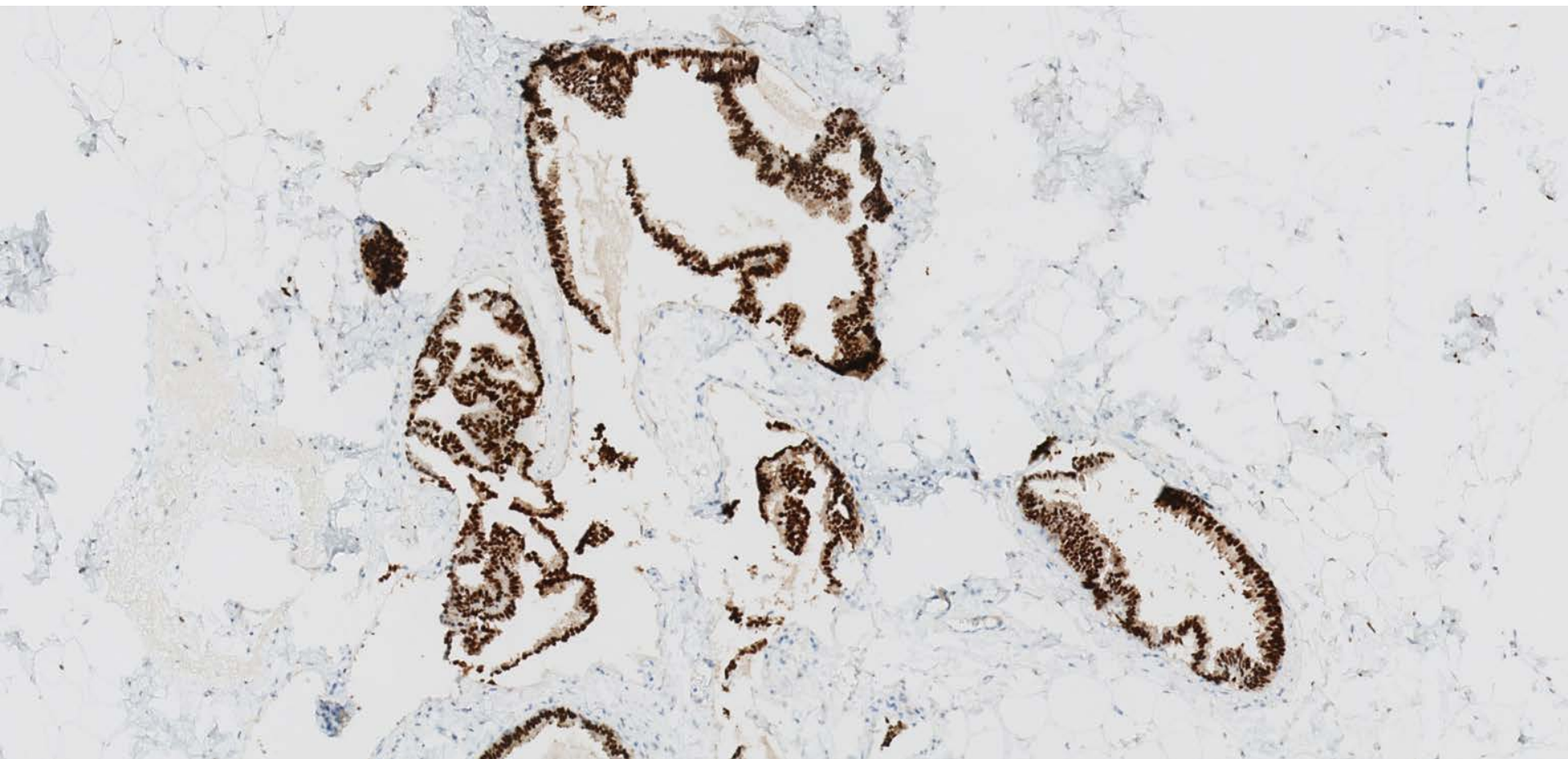


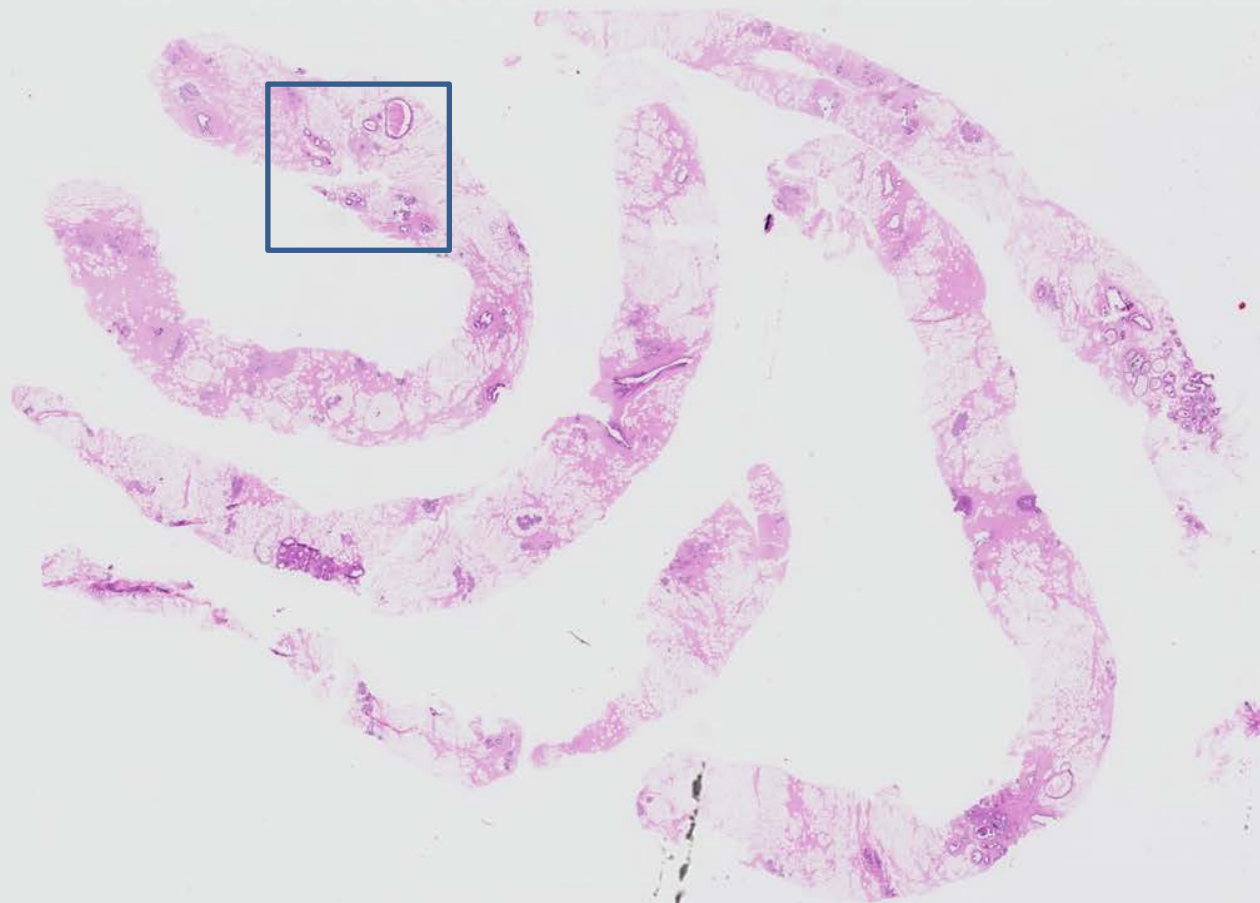


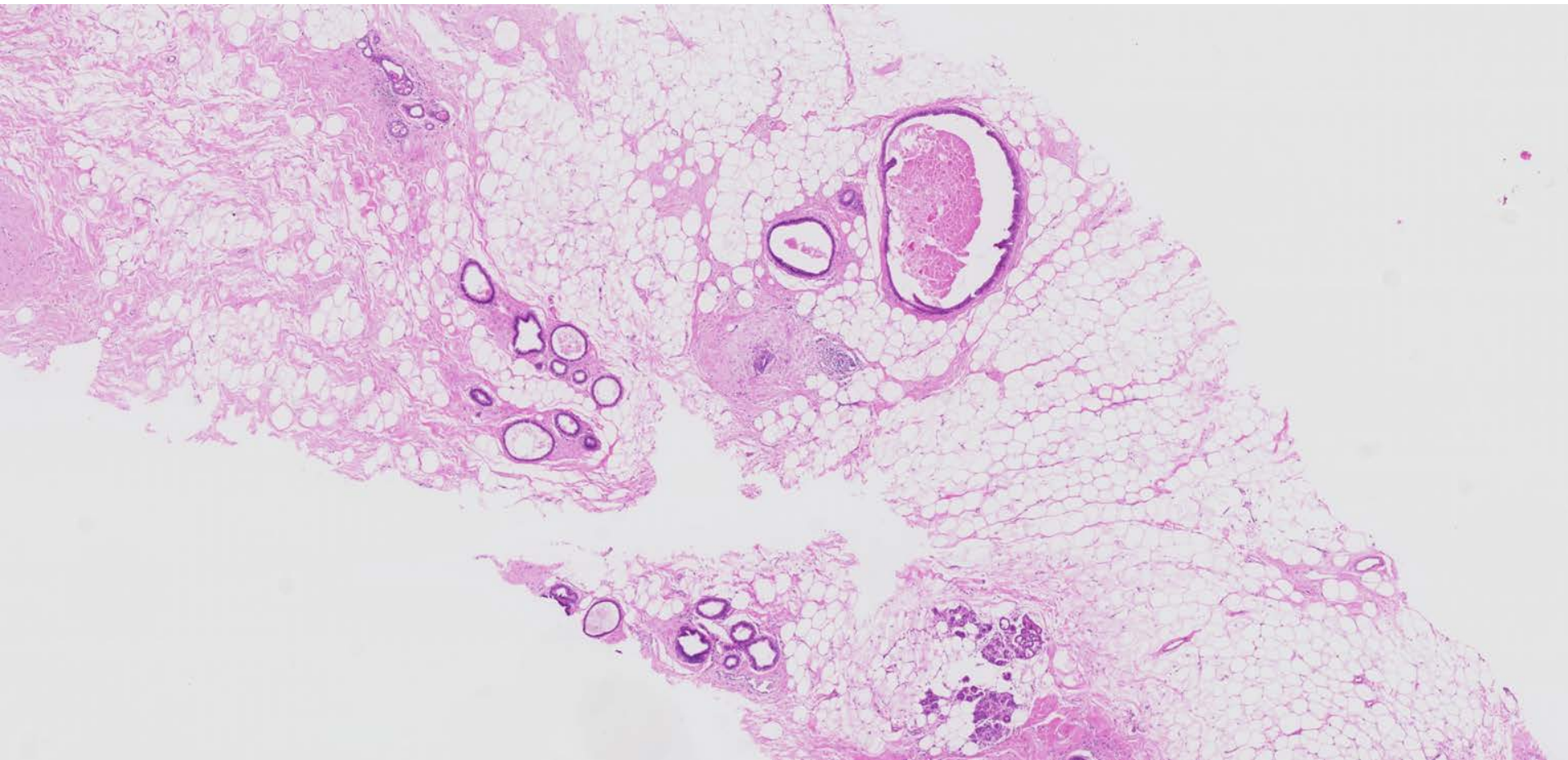
CK5

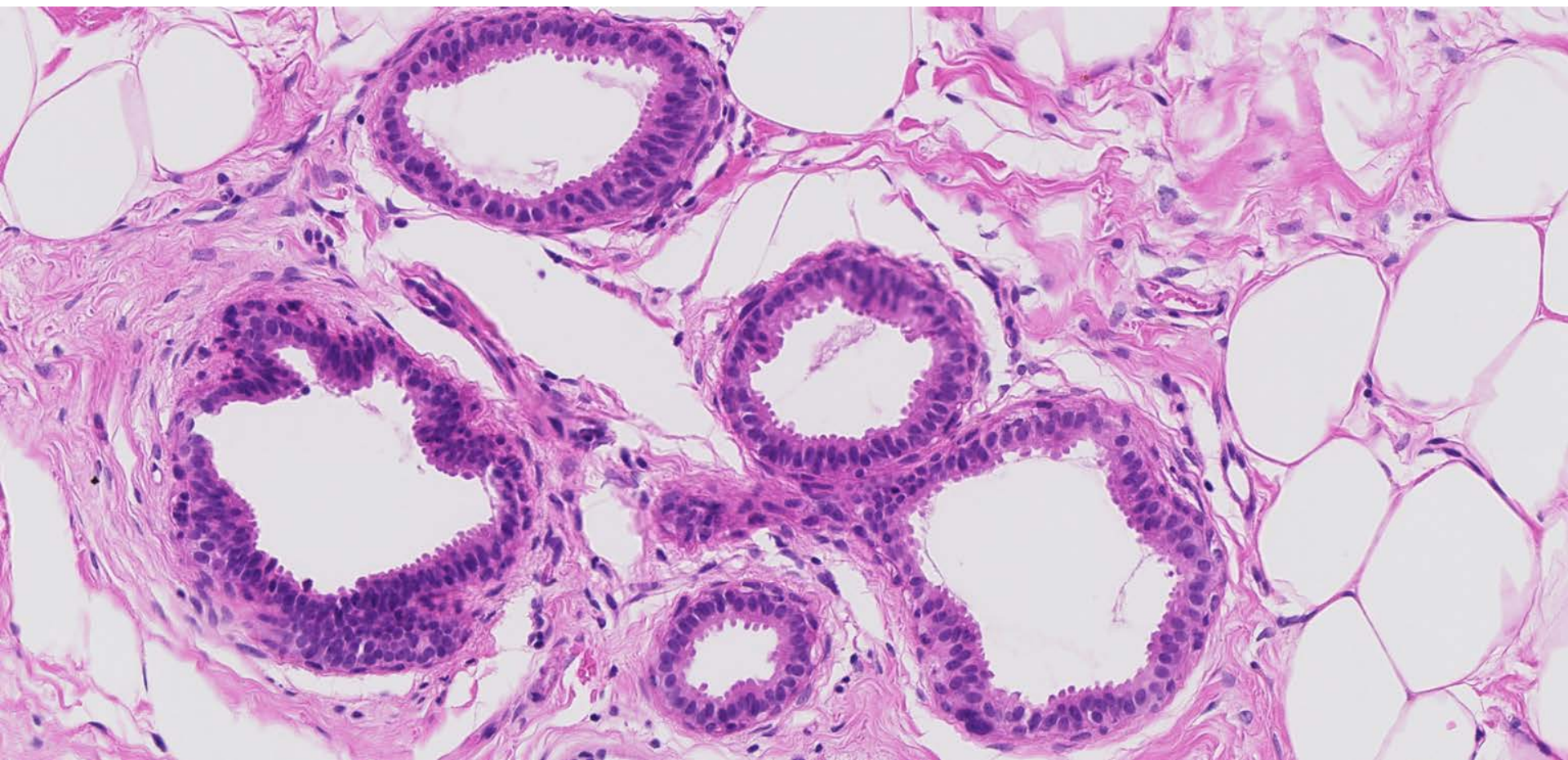


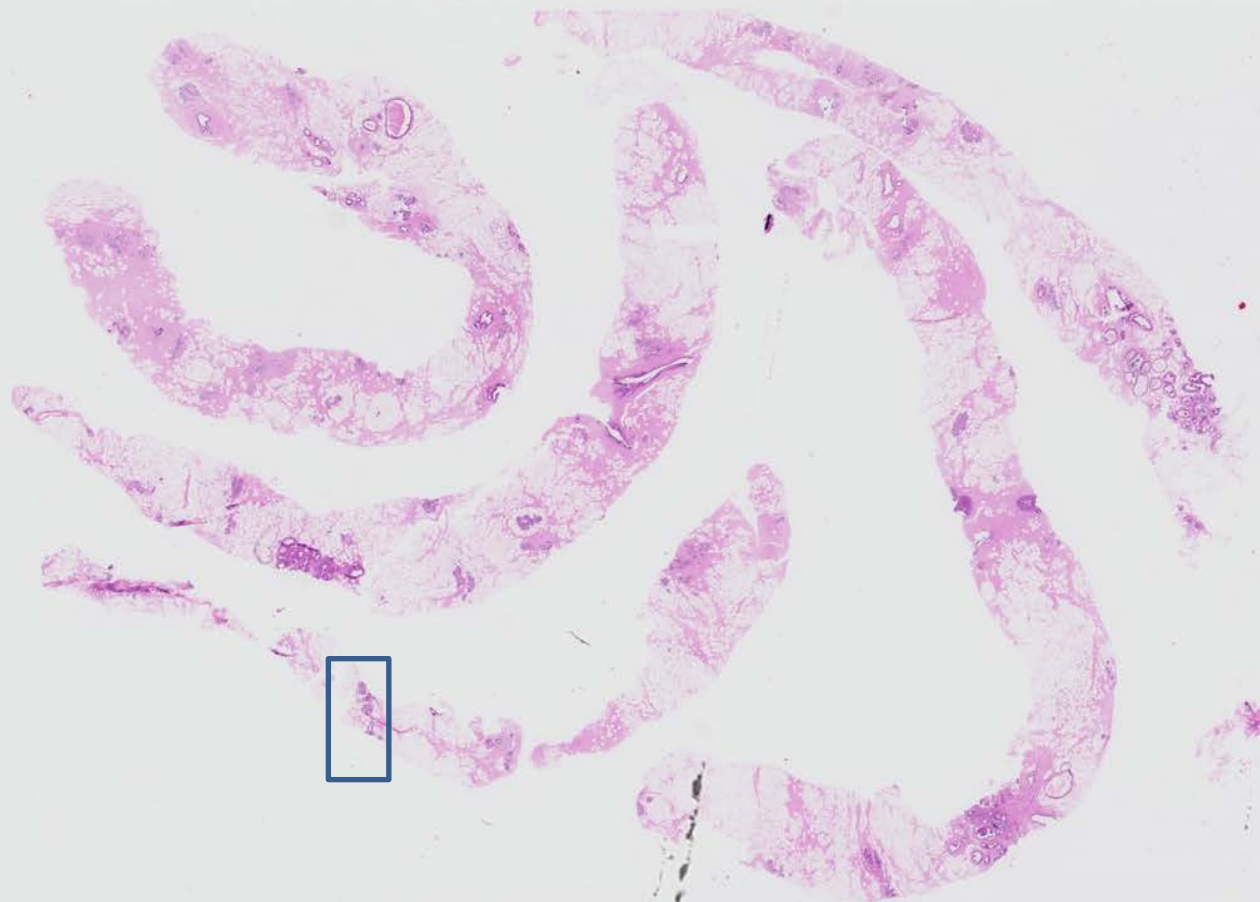
ER

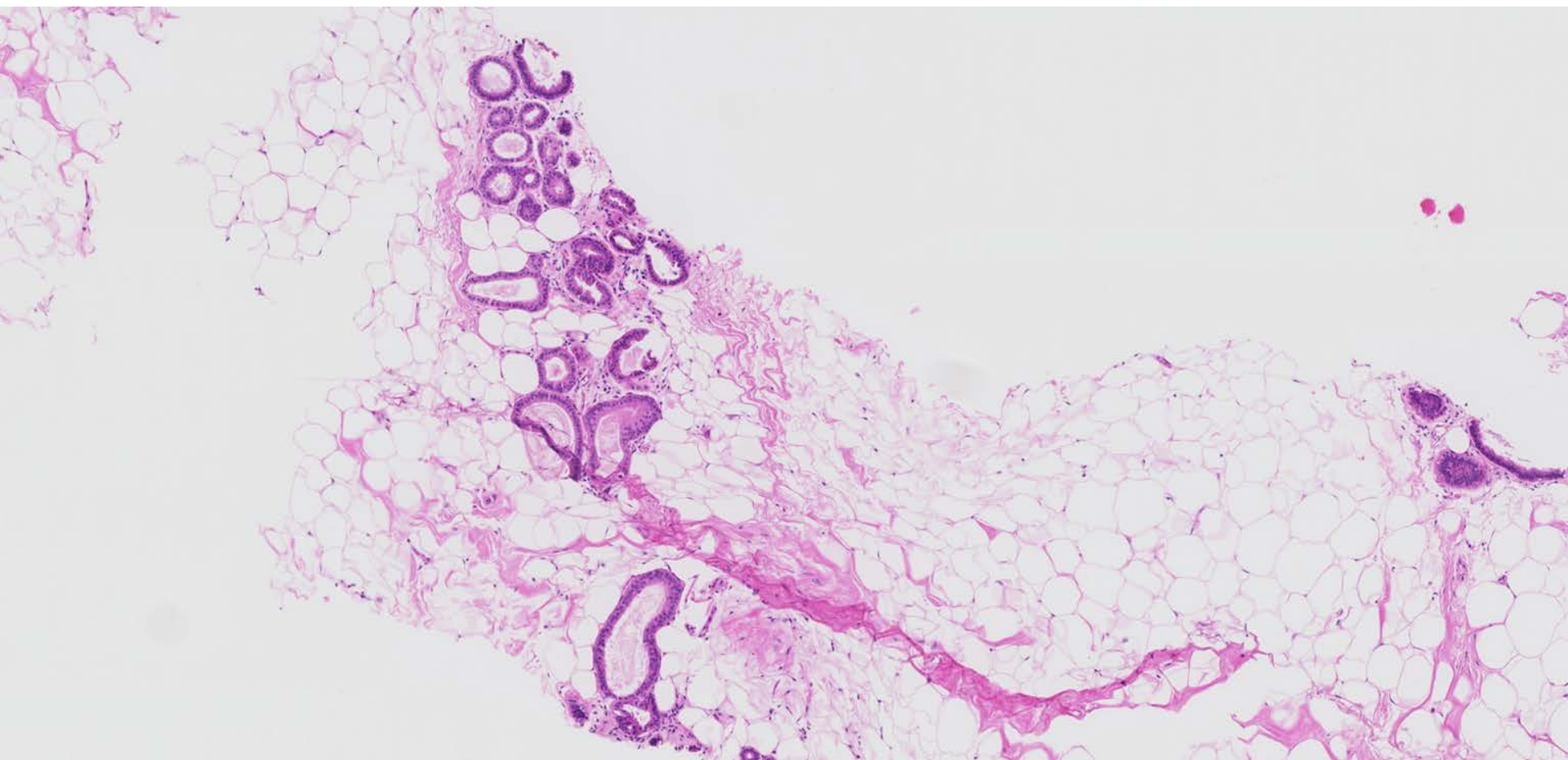


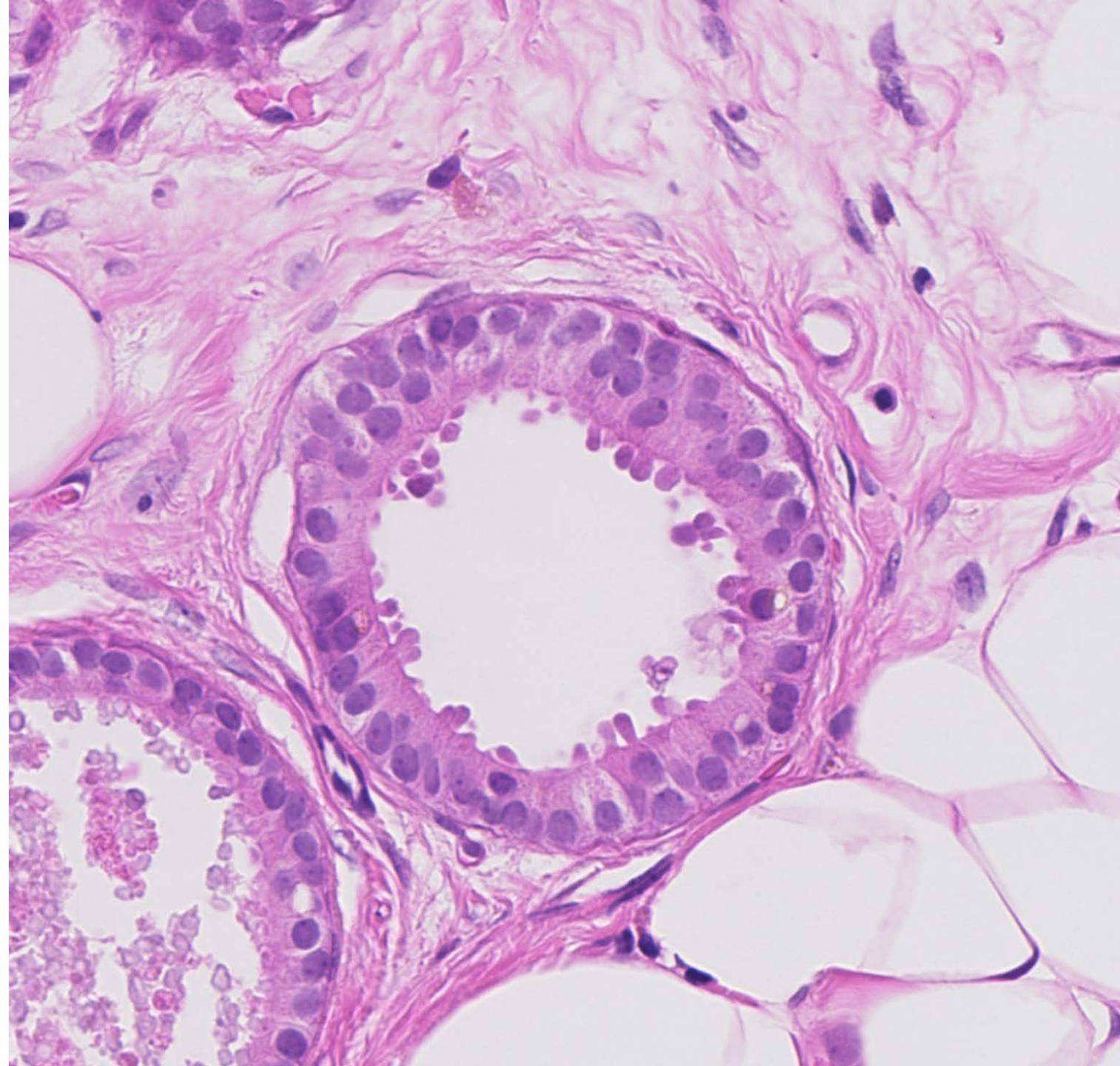


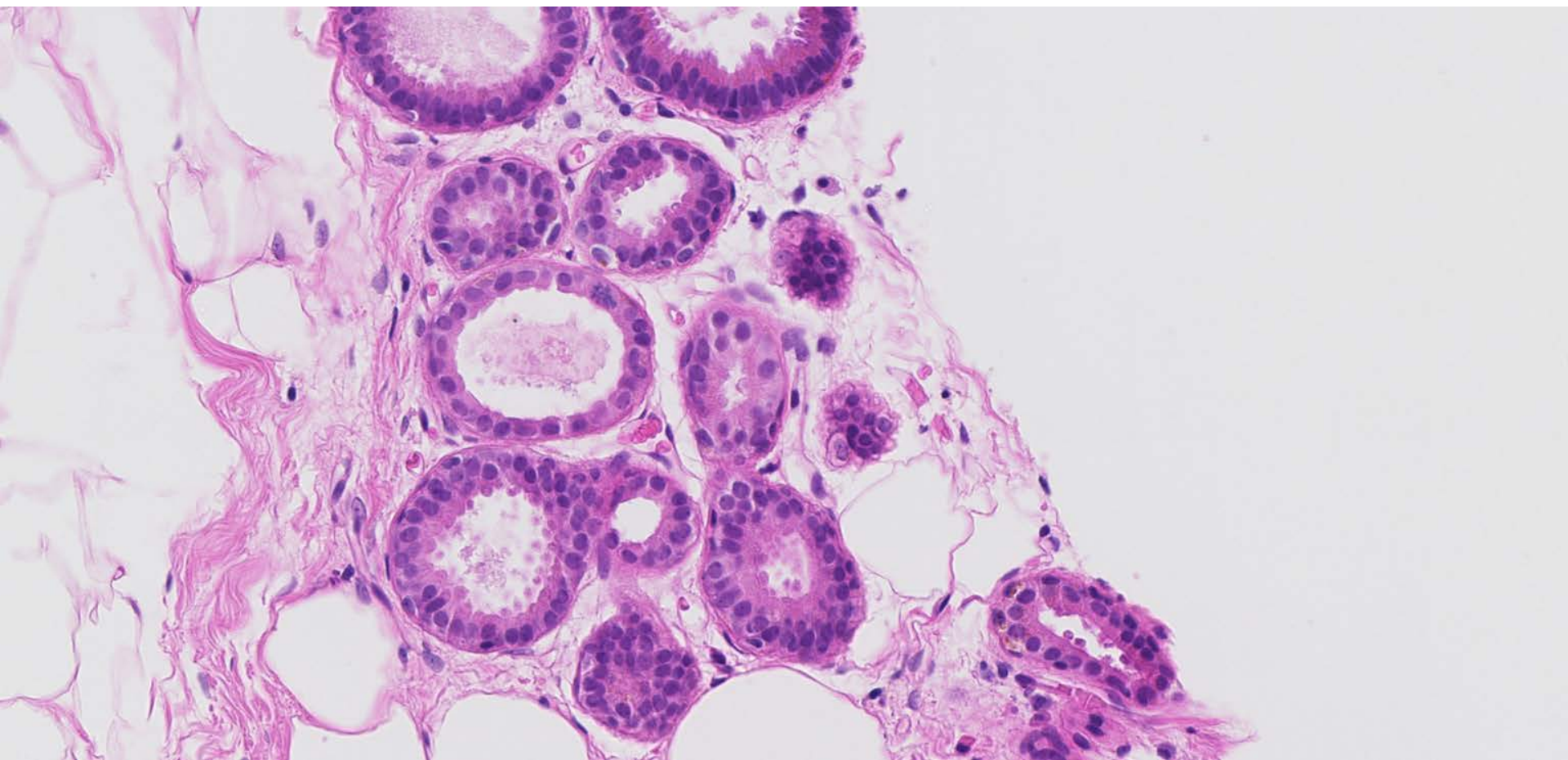


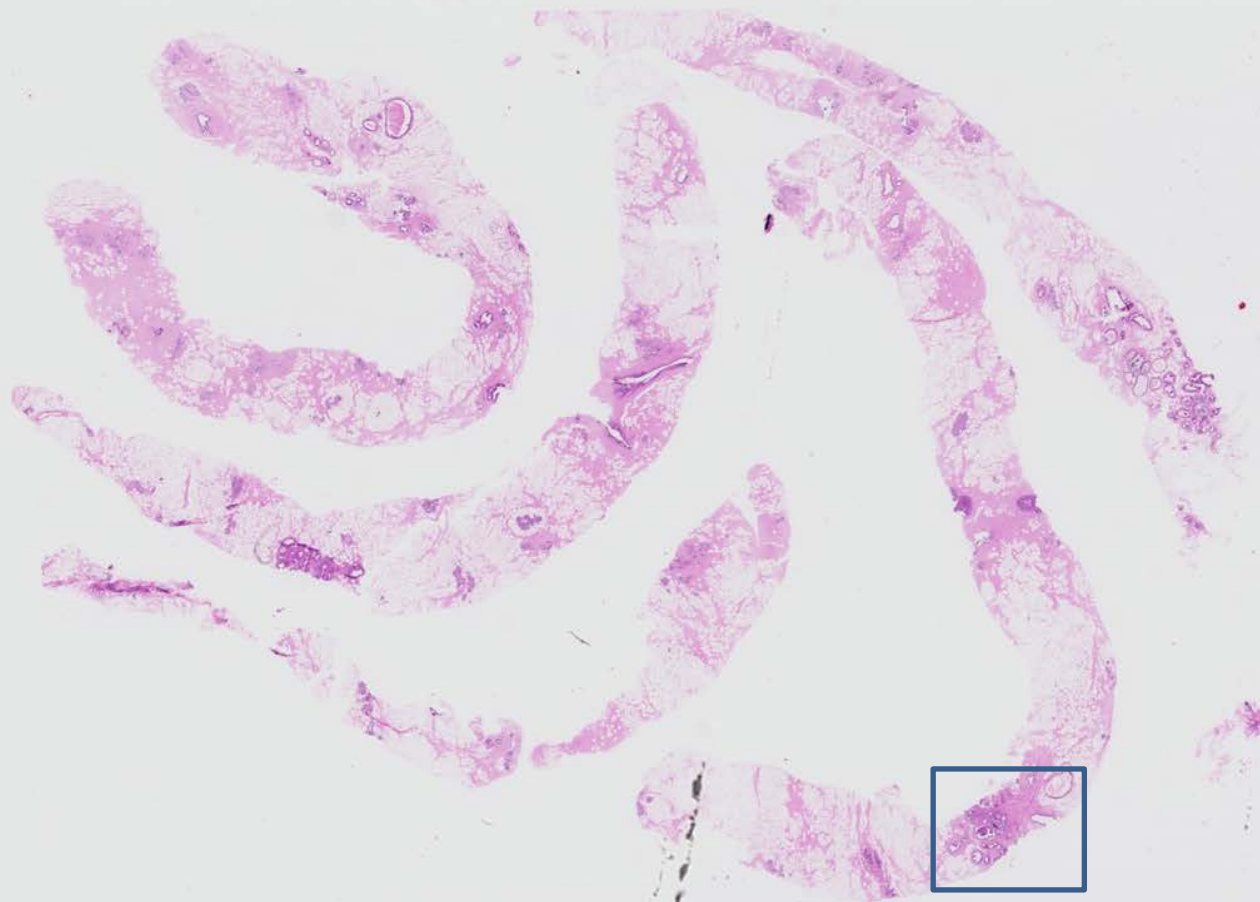


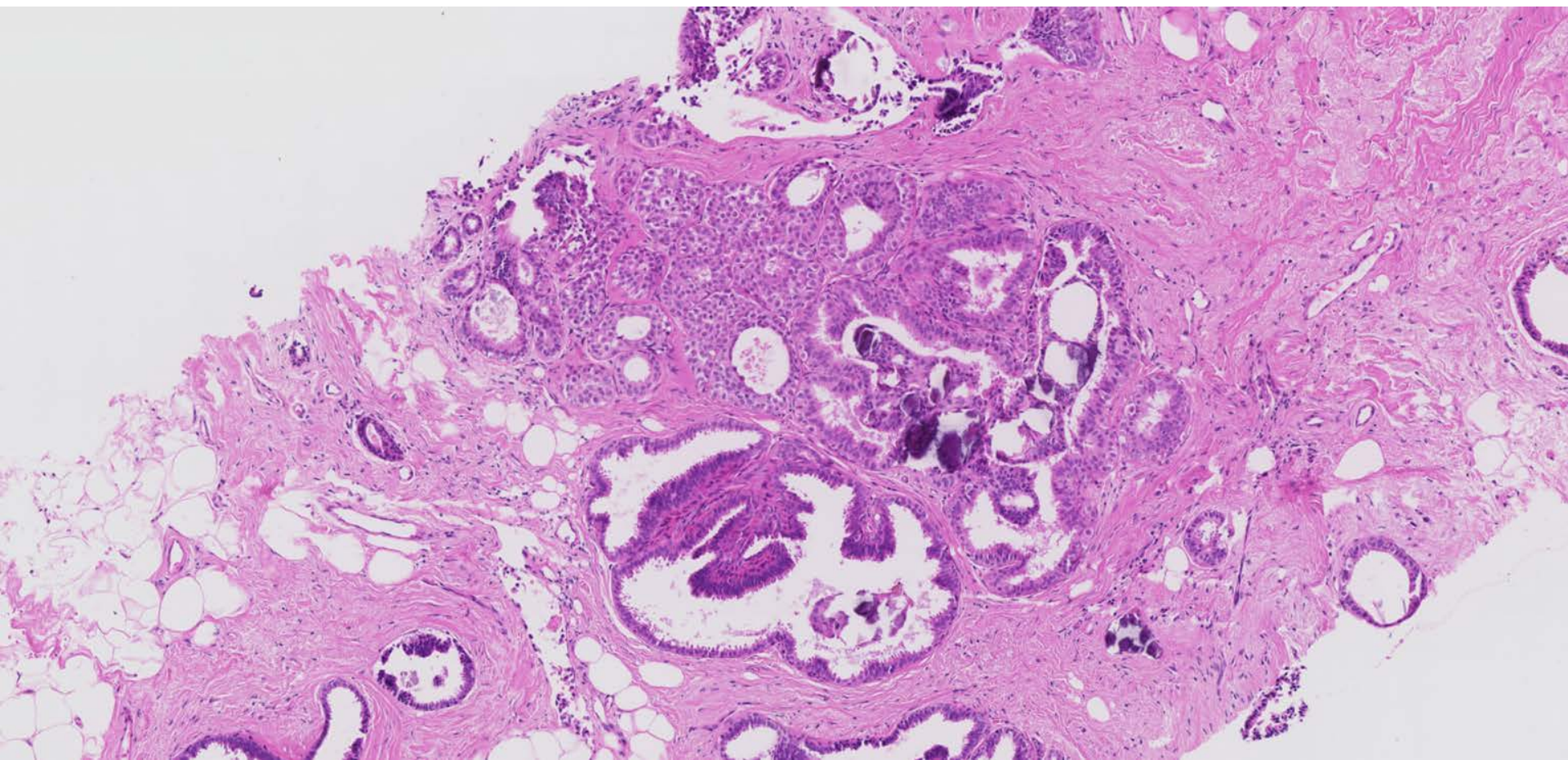




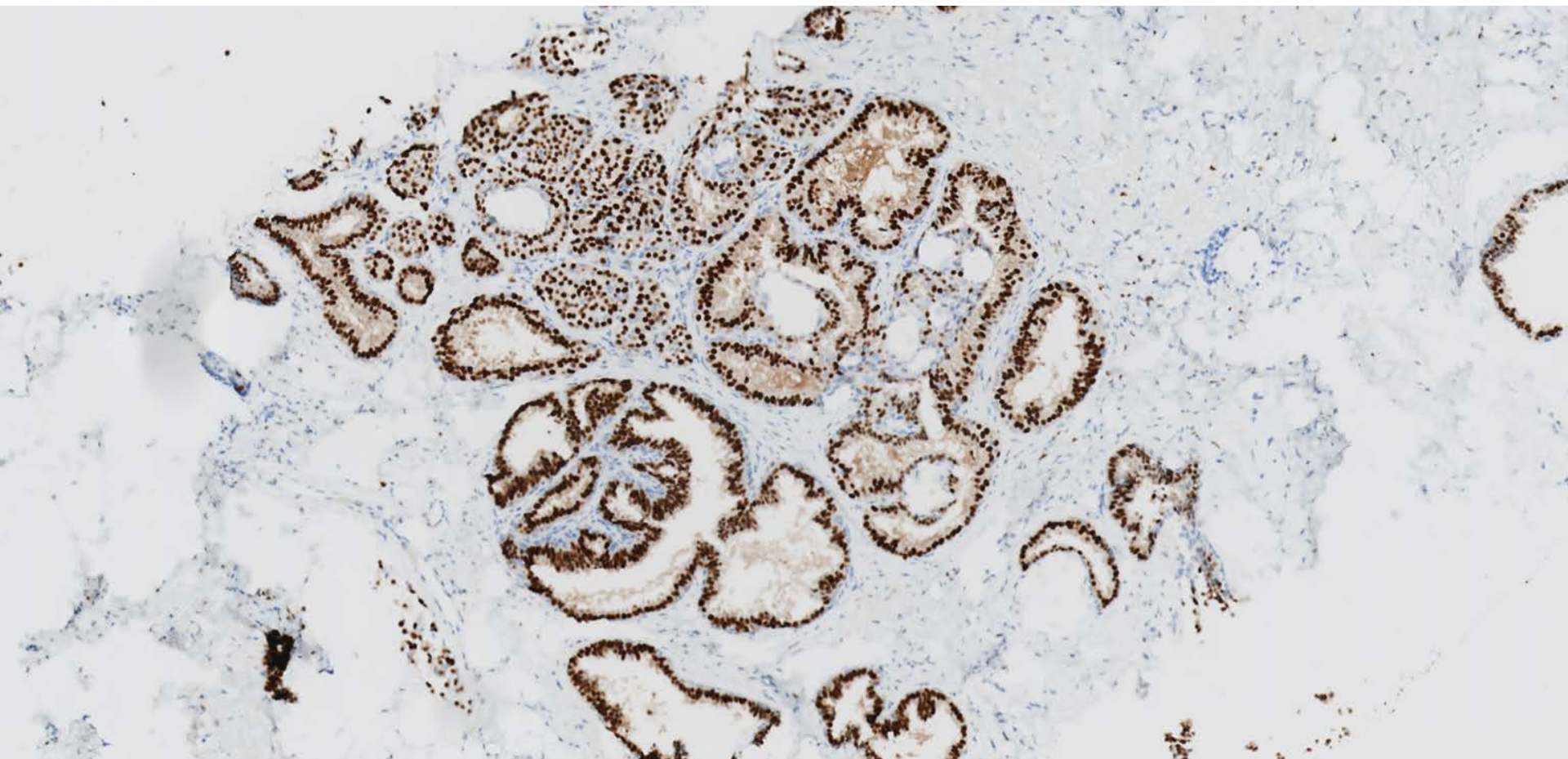




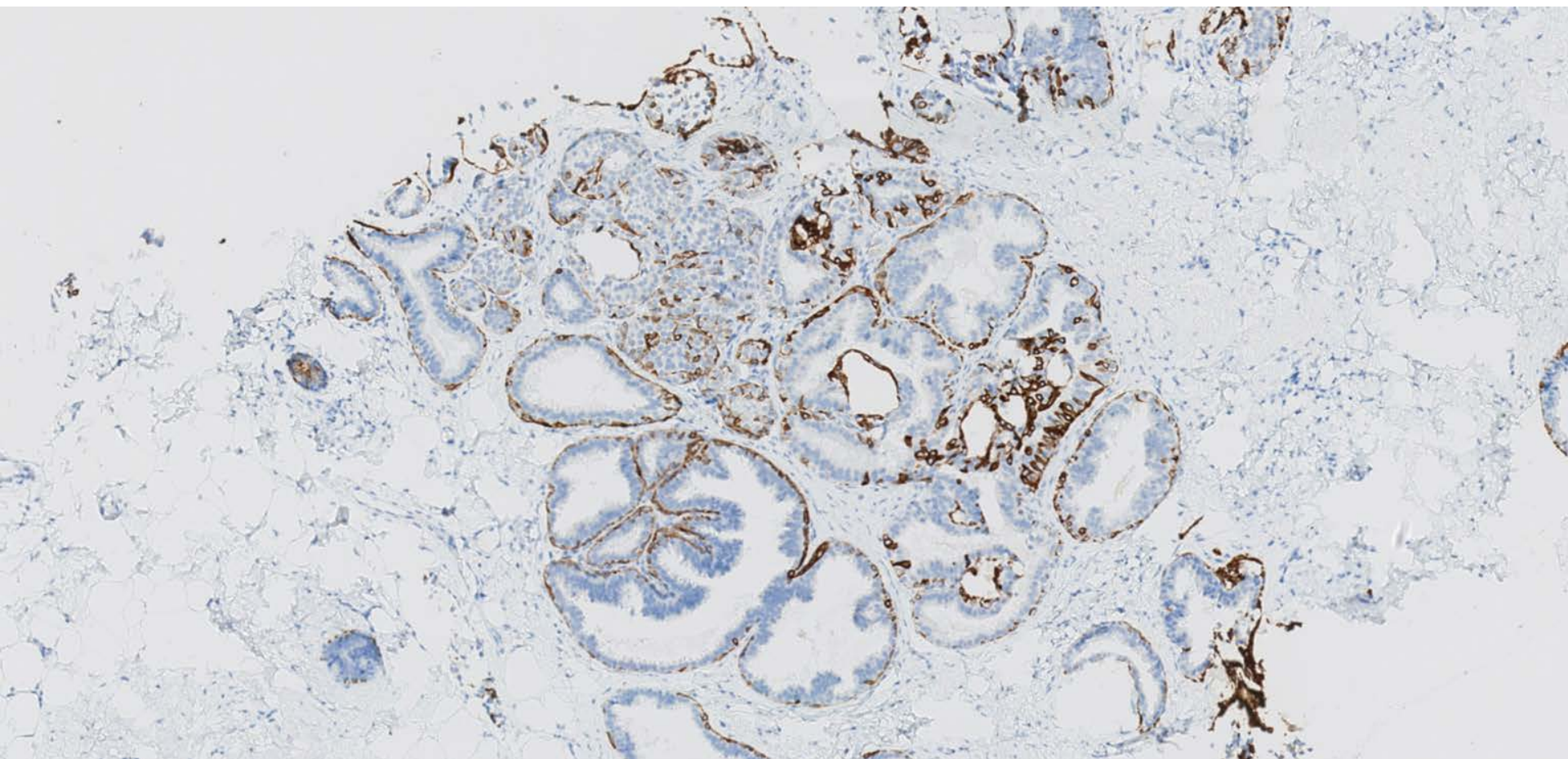




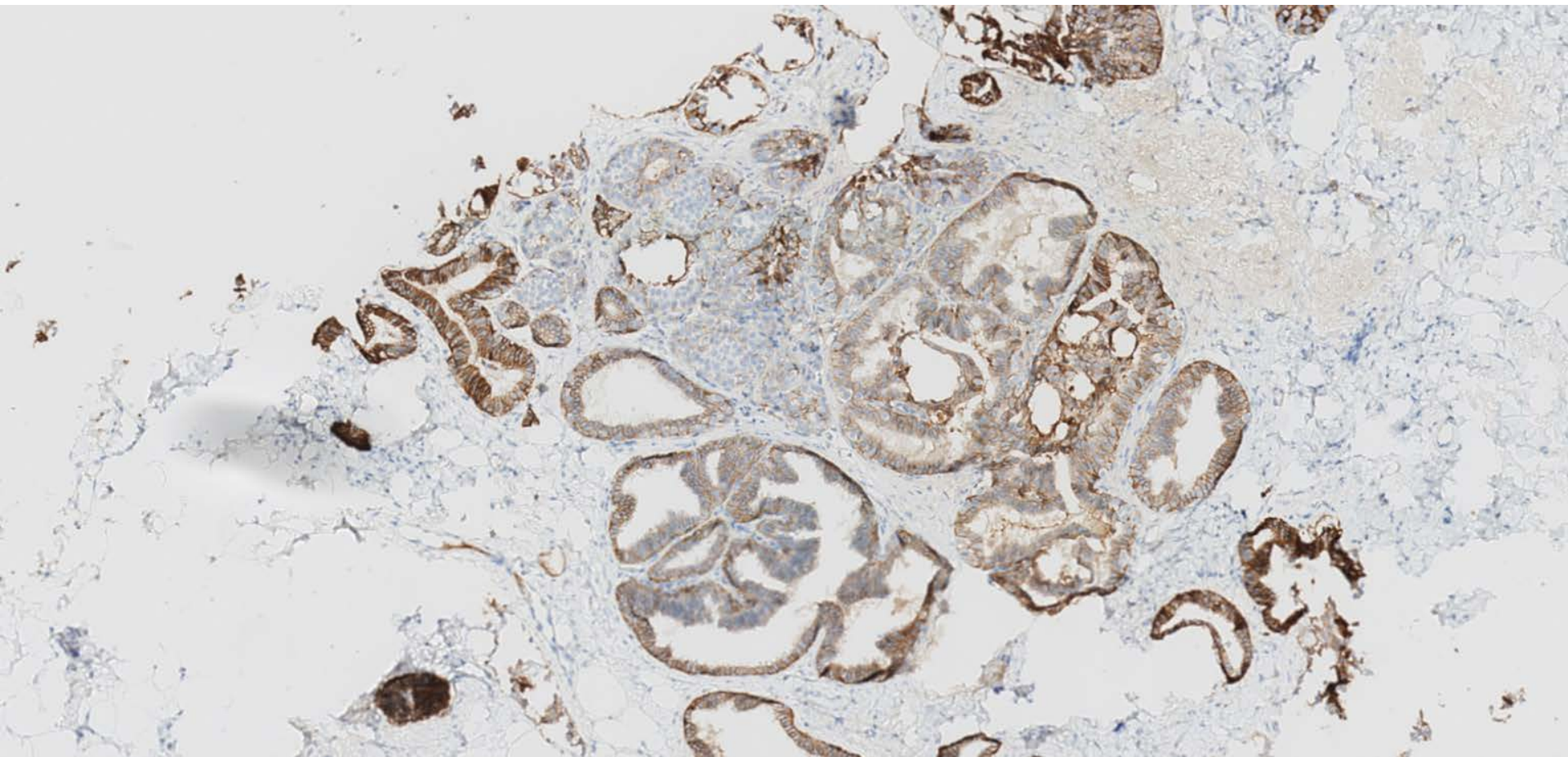
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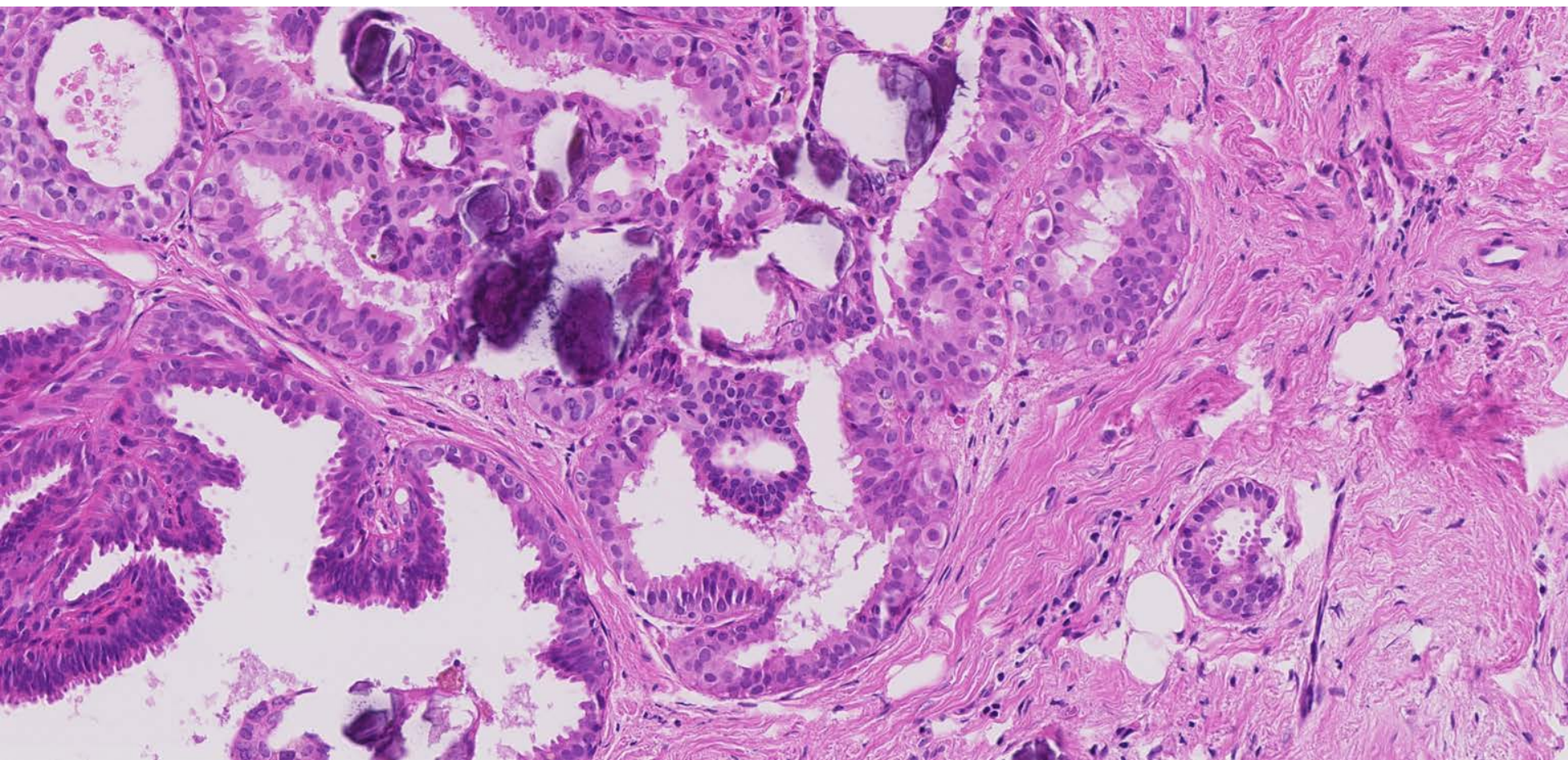


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Follow-up

